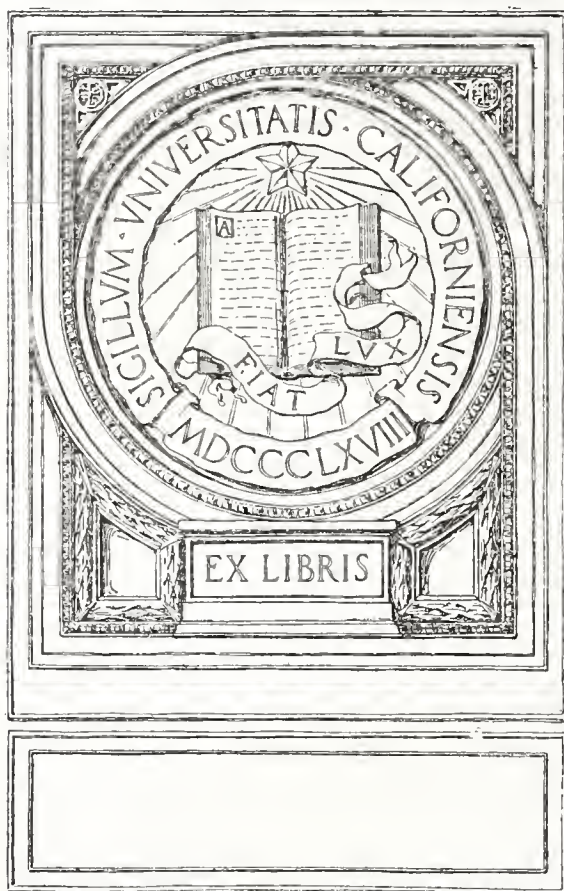



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THE JOURNAL OF THE Arkansas Medical Society

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THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOL. XV.

LITTLE ROCK, ARK., JUNE, 1918.

No. 1.

Original Articles.

ANNUAL ADDRESS.*

By Wm. Breathwit, M. D.,
Pine Bluff.

To the Members of the Arkansas Medical Society:

GENTLEMEN: Since you have given to me the highest place in your list of honors, it gives me particular pleasure to say to you how thankful I am. My gratitude has been constant since you so signally honored me; in fact, my gratitude has possibly increased the feeling of responsibility that goes with the honor.

It has been my constant thought and care to look to the interest of the whole society. I am free to say that not many momentous questions have demanded solution. The Society is so cared for in its executive branches that it runs semi-automatically. The thought and effort that I have given is in no way equal to the thanks I owe you.

This is the first war-time administration. I hope that no other administration will be one of war-time. This feature leads me to speak of this great horror—mischievous, military minds and souls, given over to motives largely selfish, military and commercial, have cunningly, maliciously and scientifically prepared for the downfall of governments, the destruction of peoples, and the sacrifice of democratic thought and action in the world. The master mind and Christian heart of our great President was slow to enter the great maelstrom, but since the declaration the pawns have moved quickly to the end that only Kings and Queens now control the movements on the great chess board.

Touching our chosen profession, and without touching it deeply—truly there would be chaos—we have an abiding pride that every demand of our government has been met by voluntary service, in many instances at great

sacrifice. Our Society has supplied a large percentage of the Medical Reserve Corps, and we are thankful that as a whole their records do and will continue to reflect credit to their State and to their Association. These men are being given special training to prepare them for the military-medical problems that they must solve, and are being taught sanitary and preventive medicine to the end that their field of influence will be widely extended when they again assume the duties of civil life.

The rank and file of the Medical Reserve Corps is made up of men graduating from regular medical colleges. No pathies or isms are recognized. We have pride again in knowing that the dismissals for inaptitude is proportionately lower for regular than it is for irregular men. This, of course, is incident to the raised standard and increased efficiency of regular medical colleges. This condition being manifest, we are derelict unless we proclaim in no uncertain way the facts as found and amplified, thereby educating the world in a knowledge of scientific fact and thought. It is not Pharisaism to do this, but rather a duty embodied.

In passing, I must impress on you the present urgent demand for more medical men for service. The quota from Arkansas is something like 225 men for immediate service with an annual demand for from 75 to 100 thereafter, until the close of the war. Naturally, this will make inroads on the society because we are not finishing that number of men each year. As time goes on and acquaintance with conditions comes to us, we get a rumor of criticism. Some of these are just, some are not, but in a field so large there must be sloughs and waste land. As a whole, however, the field is fertile and is producing large returns. Let not vague rumor influence you, but, rather, consider your place and duty and pay heed to the spirit of patriotism in your own heart and recall that some—yea, many—of the world's heroes come from the unassuming members of our great profession, and that its traditions still stand

*President's address before the Arkansas Medical Society, at the Forty-second Annual Session, Jonesboro, May, 1918.

firm in the thought and action of its membership today. You will hear more about this during this meeting to the end that you will understand the emergency.

It appears to me that a strong legislative committee should be appointed with the view of securing the enactment of a One Board law. The standard of medical education has been so raised that young men who are not willing to work and wait will not secure their degrees.

No logical mind can find fault with this feature, but unfortunately the irregular schools and pathies are graduating short term, incompetent men in large numbers; their State boards are permitting them licensure and registration, to the end that communities are cursed by these untrained individuals who, by reason of an unreasonable legislative enactment are permitted to engage in their guessing, hitting-missing methods, and human life is frequently lost because of this.

Sanitation and preventive medicine, plus local research, with reference to community conditions, must needs engage the physicians. Untrained, untaught men do not nor cannot measure up to even community demands. With the Constitutional Convention at work and the Legislature soon to meet, there is work to be done. If these men can be shown that it is the body politic that is to be served, helped and saved, I cannot consider how or why it cannot be accomplished.

Again, the State Board of Health should be given ample power and appropriations, and to it could and perhaps should be added the care of vital statistics. If this could be done, soon our great and rapidly developing State would gain some points in recognition which it justly deserves and the criticism and sarcasm would be eliminated.

As I see it, this is a momentous period; there is no question as to rapidity of development, but the type and character of this development must needs be largely influenced by health conditions, and health conditions must needs be influenced and controlled by intelligent thought in sanitation and disease prevention.

Emigration was for a long time toward community schools; today the public school system is meeting the demands and rapidly going beyond the old-time standards. Today emigration is towards centers in which intelligent medical men have located. There is a

wide increase as to prevention of disease; people are beginning to value this feature most. I have noticed much thought being given to drinking water and food values. All these questions must be intelligently answered when asked, and given to the unthinking without the asking. There is soon to be a premium placed on preventive medicine and criticism brought to bear when preventable diseases are encountered.

There exists throughout the State a lamentable attitude of the profession. I have reference to the county society. Many of the county societies exist in name only. The membership grudgingly pay their dues, never attend a meeting, and withhold their fellowship from each other to the end that practically no good is accomplished. I do wish I could picture to you the real value that can come to you through your county society when constantly attended, papers read and cases discussed. If you have on your reception room table all of the best literature obtainable, read it all, and digest it, you can still get some good points in a free discussion of papers and cases with your fellow members, or else you will be able to clear up something for them; in either event you will simply be doing the duty you owe to yourself or to your fellow members. The loss of true fellowship will count heavily in the race, besides you owe it to society to devote some of your time to the public good. The counties owning a live county society are free from much of the petty jealousies, full of fellowship and own wide awake, safe counselors—men who accomplish results in the sick room, who make high type citizens, and reflect credit to themselves and to their profession.

There is plenty to do if you possess the elements to do it with. Human frailties constantly confront us and the desire to be well will always send inquiring people to the men who are capable of alleviating their ills. The county society, with its clinical discussion, will help you in your work and I wish I might so state it that you would renew your pledge of devotion to your county society.

In truth, our State Association will never measure up to the high standard approaching the ideal until the county societies take on new life. The State Association is getting its energy and inspiration from the more active men in the county societies.

We have a Journal in which we are not showing enough pride—or giving enough sup-

port. Its neatness and usefulness from every angle entitles it to recognition wherever the mails may deliver it. Its management and editorial columns reflect much credit to the man having these features in hand. If I should suggest any feature change it would be that solicited original papers be secured from time to time on subjects of primal interest—subjects which are slow to percolate throughout the profession as a whole—questions not wholly medical but touching legal or social phases of medicine that every member of the society might be able to read with understanding and speak of with authority when these questions are raised in any community. Wholly, I commend the Journal to you, and its editor I would have you retain, and ask your co-operation and sustaining efforts.

I am taking the lance freely in hand may be when I make mention of a feature that appears to me to hold vital interest. Fortunately for humanity, there is today a demand for diagnosis in obscure and semi-obscure conditions. General practitioners who have not the equipment or facilities for analytical examinations are referring their patients to men in larger towns and cities for these examinations. Unscrupulous, conscienceless members of the profession, largely men who are without the organization for just such a purpose, are catering to this class of work, and to secure it they use every method they dare use to secure it, even going to the extremity of fee-splitting, which is nothing short of trading in human affliction. If the general practitioner fully understood the questions involved, I do not believe he would be a party to such conduct. It appears symbolic that those who would profit unjustly must fall under a retributive force of failure to meet the demands of success. Success demands that it be earned before it is bestowed.

If the general practitioner really wants that his patient, who in most instances is his neighbor and friend, secure the best results, he will do well to inquire through reliable sources as to the qualifications of the man to whom he refers before doing so. The halo of advertised and discussed greatness is too often a chimera shown in post operative incapacity and a life of hideousness afterwards.

I would beg of you that you would look well to this feature. It is fair and just that your patient be relieved with full confidence in your honesty and capacity, but if you send

him without full knowledge of what to expect in the after conditions, you needs must see the ghost of what he should have been, and all for a paltry split of blood money!

I sincerely hope that an awakening may come soon to those who have innocently been guilty, and that some manner of publicity be given those who have been guilty by design. Practice such as this brings its measure of criticism, disregard and disrespect on the whole profession where only a few are guilty. Let's not let a few salmon brick spoil a wall possessing real strength.

There is coming to us constantly a knowledge of some of the great things being accomplished in military practice and surgery. In so far as I have been able to gather no particular innovation has been practiced, but, rather, an amplified use of theories and practices that have been worked out in the larger hospitals in civil life. The research of men at home and abroad in tropical medicine, sanitary prevention, vaccination and prophylaxis, are being used as routine procedures and being found in every sense worthy. These lessons must of necessity largely influence us in civil practice and they will be made easier to employ by virtue of their use by the government. We will prove derelict unless we keep abreast with this practice and give our communities their full value.

I want to confess to you that you have given me a pleasant duty as your presiding officer, and I here and now renew to you my pledge to become one of your most grateful as well as one of your most humble workers in my poor way. Throughout my life I shall treasure the honor you have given to me, and I am candid in saying to you that my renewed pledge and its earnest fulfillment will but in a small way repay you for your generosity.

I again thank you.

Are you grateful that 2,000,000 of our boys, enlisted in our Army and Navy, are giving us security at home? If you are, turn your gratitude into War Savings Stamps.

It is cheaper to spend a lot of money to win the war than not to win it.

Lend your money as freely as our boys are giving themselves.

WAR AND SANITATION.*

By Rupert Blue, Surgeon General United States Public Health Service.

Washington, D. C.

The great international struggles of past history have been of an almost purely military character, fought in the main by professional soldiers—although, of course, civil populations have suffered enormously thereby.

In the present world-strife an entirely new and unprecedented condition has arisen. It is a war of peoples, in which the noncombatant plays an important and even a conspicuous part. Behind the fighting line stands the man who carries no gun, but whose function is not less essential and significant than that of the fighter himself.

Behind the noncombatant men stand, as a third line, the patriotic women of the country. And even the children—those of them who are old enough to help—contribute their aid to the fighting forces.

In this war all of our people who cannot actually take the field are enlisted as active auxiliaries. To each noncombatant American man or woman the question presents itself: "What can I do to help my country in this war?"

It is a question not merely of willingness, but of efficiency. The will to do is one thing; the ability to do it, and to do it well, is quite another.

Manifestly the quality of efficiency in any line of war endeavor must depend primarily upon the physical soundness of the individual. If a candidate for enlistment as a soldier be deemed incapable of satisfactory service because of bodily defect, it is equally true that a noncombatant civilian may be incapacitated by lack of health for helpful war work.

It is, then, to be inferred that, in view of the present great emergency, the health of the civil population of the United States is to be looked upon as a matter of the most extreme importance; and in regard to it the Federal Government owes an obvious and pressing duty.

Since the dawn of history wars have been accompanied by great outbreaks of epidemic disease, not only among the armed forces, but in the civil populations of the countries concerned. The story of our own civil war will serve to illustrate this point; and in the war

with Spain, as all of you will remember, typhoid fever cost us many more lives than all the weapons of the enemy.

But typhoid fever, thanks to modern bacteriological research, has within the last ten years been practically eliminated as a menace to the health of armies; and the same may be said of cholera and certain other maladies most famous as "camp diseases." By sanitation and the employment of laboratory discoveries we have almost wiped them out.

Among the various factors concerned in the spread of communicable diseases in war-time the following are conspicuous:

1. Inadequate local sanitary organization.
2. Overcrowding of cities and towns adjacent to the military camps.
3. Movements of troops.
4. Shifting of the industrial population.

The process of mobilization (as Col. Vaughan has expressed the idea) is a "drag-net for all infections." Wherever people are shifted from one place to another in large numbers there is a likelihood that persons susceptible to infection by this or that disease will be brought into contact with the always-numerous disease-carriers.

Where populations are thus shifted there is usually a lack of sanitary preparedness on the part of the communities that receive unexpected accretions. Housing facilities prove inadequate, and the resulting discomforts incidentally involve conditions provocative of disease-infections.

In many parts of the United States the recently inaugurated military and industrial activities have greatly increased the civil populations of towns and cities, whose health organizations have in consequence been vastly overtaxed. Some of the areas thus flooded with people have hitherto been rural districts, and cannot be expected to cope with the health problems imposed upon them by a sudden emergency.

Now that we have embarked in this war, it is of utmost importance—as a means of efficiency, be it understood—that, for one item, we should know everything that can be ascertained about the prevalence of communicable diseases in this country, and just where they are to be found.

In order to combat successfully a communicable disease, we must know when, where and under what conditions cases of it are occurring. So much is obvious. But—surprising

*Read before the Public Meeting of the Arkansas Medical Society, at the Forty-second Annual Session, Jonesboro, May, 1918.

though it may seem—in no state of the Union is information of this kind satisfactorily obtainable.

For such information the Federal government has been obliged to depend upon the volunteered reports of State and municipal health authorities. Often they are delayed, and commonly they are incomplete. A different system is urgently demanded, under which all data—particularly relating to epidemic outbreaks—may be speedily brought together, with a view of dealing promptly with emergent conditions, and to the adaptation of proper measures of control. Where measures adopted by States and municipalities are inadequate, through lack of organization, the Federal Health Service should be able to supplement their work in order that the public health may be safeguarded.

What I might call sanitary unpreparedness now exists as a cause of possible or even probable mischief in many parts of the United States. It is attributable in most instances to lack of adequate health appropriations, State or municipal. Appropriations made for the purpose have commonly been inadequate for ordinary needs. Hence, when an emergency arises, the whole machinery is likely to break down, merely for lack of funds.

It must be acknowledged, however, that some of this unpreparedness is due to lack of foresight on the part of the health authorities and the general public. In few of the sections to which I refer has any means been adopted for the suppression of social diseases. Some of the large cities have made spasmodic attempts in this direction, but the results obtained have not been encouraging.

The war has brought to light an alarming situation as regards the social diseases. Infections of this kind cause more invalidism in the army than any other group of maladies. They constitute the greatest of all public health problems in peace no less than in war.

The delicacy of this question, in its moral aspect, has hitherto caused it to be more or less ignored, and even neglected, but, as a factor seriously affecting our war efficiency, it forces itself upon our attention. We are obliged, whether we will or not, to take it in hand and deal with it.

To combat the social diseases is much more difficult than to fight any other group of infections; and for this there are several reasons. One of these reasons is to be found in

the fact that the underlying causes of what we call the "social evil" are largely economic in character.

Another lies in a chronic unwillingness on the part of the public to take any serious interest in a problem which most "respectable" people find it easier and more comfortable to ignore. These people upholding false ideals and entertaining mistaken conceptions of life and its obligations, do not realize that their attitude is wholly selfish, and that it markedly tends to augment and intensify dangers which threaten the welfare of future generations of Americans.

We have definite knowledge of the cause and mode of transmission of each of the diseases embraced in this group; and, though we have still much to learn about the methods that are wisest to adopt in handling the problem which they offer, there is enough information at hand to justify the adoption of an extensive program.

It is fully realized that certain economic conditions—particularly low wages and lack of steady employment—are largely responsible for the status of many of the unfortunate women who spread these infections. Also, it is known that such vagrant women in a large percentage of instances are feeble-minded, and therefore unable to earn a living in ordinary occupations.

Under ordinary circumstances the Federal Health service concerns itself mainly with the problem of preventing the spread of contagious diseases among the civil population, but in time of war it makes a special effort to protect the military camps. With this object in view, in conjunction with the American Red Cross, it has organized and equipped sanitary units in 30 areas adjacent to the military and naval cantonments.

The activities of these organizations correspond in character to the major and minor duties ordinarily performed by those in charge of the sanitation of the cities. They include also operations for the stamping out of malaria and for the suppression of social diseases.

In order to determine the best methods for controlling the social diseases, there have been established in twenty extra-cantonment zones free dispensaries for the diagnosis and treatment of cases of these infections.

The functions of the dispensaries may be summed up briefly as follows:

1. The detection of carriers of infection.
2. The free distribution of salvarsan and other remedies among local practitioners for the use of indigents.
3. The hospitalization, when practicable, of certain cases for treatment.
4. The making of free bacteriological examinations, serological tests, and other laboratory investigations at the request of local officials.

The object of the work is to encourage and develop public health sentiment among the people at large, as well as among the local and county authorities. It aims to impress upon the rural community the lesson that unless sanitary rules are observed, national efficiency cannot be maintained.

Where the social diseases are concerned, it is of course the cities that are the principal centers for the infections which most seriously threaten our soldiers. How very bad the state of affairs actually is in our cities, in respect of these infections, we have come to realize as never before through the demonstration given by our extra-cantonment clinics.

Now, turning to another phase of the health question, I have to make the incidental remark that the epidemics of meningitis, measles, and diphtheria, which have worked havoc among the soldiers at various army camps have started, at least in many instances, with infections derived from school children. Here is a source of peril against which we should anxiously protect our fighting men; and it is manifest that in time of war a specially careful watch should be kept on conditions in the public schools that relate to the prevalence of contagious diseases.

Definite conclusions regarding the present situation justify the adoption of the following program for the control of preventable diseases during the period of the war:

1. Co-ordination of the Federal, State, and municipal health agencies.
2. Improvement of the State and local health organizations, including provisions of special means for the control of social diseases.
3. More rigid enforcement of sanitary laws and ordinances.
4. Establishment of free diagnostic laboratories by States and municipalities.

5. The adoption of a better system of preventable disease reporting.

6. Provision of ample funds for the maintenance of hospitals for the treatment and isolation of disease carriers.

Obviously the effectiveness of sanitary measures must largely depend upon the support of the public. Therefore, at this time when all loyal citizens are anxious to contribute to the national welfare, the education of the public in health matters is of utmost importance. In proportion to their understanding of the problems involved, and of the dangers that threaten, will be their interest in the subject and their anxiety to help.

Our people must have health in order to be happy. Happy people are efficient people. The happy nation is efficient and endures. To win this war and make safe our future liberties, the health not only of our fighting men but of the people at large must be conserved. And when we *have* won it, we shall have leisure to enjoy both the health we possess and the happiness we have earned.

Do not cry out against the terrors of thrift as long as the men in the trenches do not cry out against their hardships. Consider yourself lucky to be able to save and to buy War Savings Stamps.

President Wilson says: "The practice of individual thrift is a patriotic duty and a necessity."

Every individual must look this thrift question squarely in the face. If he does not meet the issue fully and promptly, he is not doing all that he can to win the war.

Economizing may possibly hurt, but what of the hurts of the men who fight and die for you?

Do not forget that the supply of labor and materials is limited. If you ask a worker to make something for you, he can not make something for the Government at the same time, and he can not use the same material both for your needs and for the Government's needs.

Every time a German submarine sinks a ship, so much product of labor and materials is wasted. Every time you buy something not needed, so much product of labor and materials is wasted.

THE JOURNAL

OF THE

Arkansas Medical Society

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

THE PRESIDENT'S ADDRESS.

Dr. William Breathwit, in his annual address, as president of the Arkansas Medical Society, delivered at Jonesboro during the convention May 7 to 9, stressed several points which merit the earnest thought of the members.

He refers to the need of more men in the Medical Reserve Corps, and in this connection it is to be noted with regret that in that respect only Arkansas has been derelict. In the sale of Liberty Bonds and War Savings Stamps, in the various Red Cross drives and in the matter of returning to the government surplus flour for the use of the Allies, Arkansas has done her full shares and more; but in the furnishing of Medical men Arkansas is among the States far behind the leaders in ratio of population. For the honor of the profession and for the sake of humanity, this should not be the case. We cannot afford to be among laggards. Dr. Breathwit calls attention to the need of legislation looking to the establishment of a One Medical Board law in Arkansas.

We want to indorse fully what Dr. Breathwit says of the indifference shown toward the county medical societies in too many counties. The State Society meets once a year; the county societies should meet at least once a month. The one way to keep in touch with the best thought of the profession is to be a live member of your county society. There is always something to be learned and something to teach. The one is as important as the other. If you cannot learn you can teach, and if another physician learns something of you he did not know you have done something, not merely for a brother practitioner but for the community and for humanity. The Journal has very frequently and consistently urged that more interest be taken in the county societies. We are glad that our President has taken up this important question and hope that the members of the county societies will profit by it.

Incidentally, Dr. Breathwit takes occasion to speak of The Journal, for which we thank him cordially. He says not enough interest is taken in it. Perhaps members forget that it is their Journal. Each member has a personal interest in its success. We have tried to make it readable. If any member has an

idea that thinks is meritorious we earnestly invite suggestions.

Dr. Breathwit's complete address is published in this issue of *The Journal*. We hope every member will carefully read it. It is full of helpful suggestion and deserves most thoughtful consideration.

Abstracts.

PNEUMONIA.

G. F. Dick (Chicago), Camp Pike, Little Rock, Ark. (*Journal A. M. A.* May 25, 1918). reports the results of bacteriological examinations of the sputums obtained from sixty patients during the months of February and March. The sputum was collected in sterile Petri plates, sent to the laboratory at once, and plated on the surface of human blood agar plates without addition of glucose. A detailed table shows the predominating organisms as well as the less frequent ones, the physical characters of the sputum, the clinical features of the cases, and the complications. The pneumococcus pneumonias, which occurred in forty-eight of these cases, present but little out of the ordinary. Twenty-one per cent. was of Type I, 34 per cent. Type II, and 45 per cent. Type IV. Dick has seen but one Type III case in the hospital. In 46 per cent. of the cases, streptococci were the predominating organisms, and of these 46 per cent. were non-hemolytic. "These organisms formed colonies similar to the hemolytic streptococci, but had no effect on blood, neither hemolysis nor green formation being observed. The organisms were like the hemolytic streptococci as to morphology, but had more tendency to diplococcus formation, and the chains formed were short. Growth in both was flocculent and collected in the bottom of the broth. In the cases coming to necropsy the pneumonia in which this type of organisms was found resembled the ordinary pneumococcus lobar pneumonia. This type of streptococcus was found in the sputum of two cases diagnosed as influenza, and in the pus from a gangrenous appendix, in greatly predominating numbers." Fifty-four per cent. of the streptococci found were hemolytic. Two kinds of lesions were observed in these cases: 1. A pneumonia like lobar pneumonia due to pneumococci, but with a tendency to pus formation. Abscesses with areas of necrosis varied in extent, causing gangrene of large portions

of the lung. In many cases, however, the pus formations was not more marked than is sometimes observed in pneumococcus cases. "2. Bronchopneumonia, in which the lungs were studded with hard, shotlike nodules, which were extremely hard to the palpating fingers. Cut sections of such lung showed areas up to 1 cm. in diameter which were dark red and completely consolidated. This form was most commonly observed following measles. The areas in some instances coalesced to form areas, in cases amounting to a lobe. In twenty-five of a series of thirty cases of mastoiditis, streptococci indistinguishable from these were isolated. The remaining five were Type IV pneumococcus infections." Leptothrix organisms predominated on the plates in 6 per cent. of the cases, showing numerous minute colonies of gram-negative organisms, varying in length from a resemblance to influenza bacilli to long slightly wavy organisms extending half way across the field. There was no effect on blood, and only one or two sub-cultures could be obtained. Their importance was not determined. Dick specially notices, as of interest, the high percentage of cases due to nonhemolytic organisms, which are also found in cases diagnosed as influenza, and in the pus from appendicitis.

Personals and News Items.

Dr. M. D. Kelly, of Carthage, has moved to Wattensaw.

Dr. S. C. Grant, of Mulberry, has returned from New Orleans, having taken a post-graduate course in surgery and gynecology at the Loyola post-graduate College.

Arkansas physicians visiting in Little Rock the past month include: Stanley M. Gates, Monticello; L. E. Love, Dardanelle; A. E. Cox, Helena; H. A. Murphy, Wesson; S. J. Hesterly, Prescott; L. R. Ellis, Hot Springs; Don Smith, Hope; J. F. Brewer, Kerrs.

One hundred of Dr. Carle Bentley's friends, of Little Rock, gave him a surprise party on June 12, at Turner Hall. The decorations were in green and white with a large American flag. The evening was spent in dancing, after which refreshments were served and a large birthday cake was presented the guest of honor. John Tuohy gave an address comparing war and humanity, which was responded to by Dr. Bentley.

The following physicians from Arkansas attended the recent meeting of the American Medical Association in Chicago: C. A. Areher, DeQueen; E. T. Bramlitt, Malvern; A. E. Cox, Helena; P. W. Lutterloh, J. T. Altman, and H. H. McAdams, Jonesboro; E. C. Moulton, and St. Cloud Cooper, Fort Smith; E. L. Watson, and O. E. Jones, Newport; O. L. Williamson, Marianna; G. T. Cannon, Hope; H. T. Harr, and H. D. Wood, Fayetteville; J. E. Jones, Sheridan; L. L. Purifoy, ElDorado; R. R. Dale, and B. C. Middleton, Texarkana; P. L. Dickson, Paragould; C. S. Early, Camden; R. H. Huntington, Eureka Springs; H. A. Murphy, Wesson; W. J. Robinson, Portia; G. A. Warren, Black Rock; William Breathwit, and B. D. Luck, Pine Bluff; J. F. Rowland, Loyd Thompson, E. H. Martin, C. T. Drennan, W. V. Laws, and W. T. Wootton, Hot Springs; Wm. R. Bathurst, A. E. Harris, H. H. Kirby, Edward Meek, C. P. Meriwether, J. P. Runyan, and Morgan Smith, Little Rock.

PHYSICIANS' ROLL OF HONOR FOR ARKANSAS.

In addition to the names of Arkansas physicians recommended for commissions in the Medical Reserve Corps, published in the last nine issues, the Surgeon General reports:

John. H. M. Hardy, Malvern, First Lieutenant.

THE PHYSICIAN.

From tradition and training, from his innermost soul, the medical man has been for ages the pillar and strength and guidance to combat the ravages of disease, and is the barometer of prognostication to weather the impending onslaught of the pestilence and plague. The doctor's part has been akin and only second to that of the relationship of Almighty God. The doctor was for a long while the lonely sentinel upon the ramparts of time, the one redeeming glory of mankind, the power for good, ministering alike to peasant and prince, to poverty and potentate. He should be the cherub of kindly fellowship, the guiding star for the upbuilding of his fellow-man. Disdaining alike the love of human power, the love of ease, the splendors of wealth, the hollow applause of a fickle multitude, he devotes himself singly to the art of healing his brother-man. What grander field for the exercise of the traits of a greater, humane character than this?—Clarence Pier-son, M.D., N. O. Medical and Surgical Journal.

PHYSICIANS' FEE SCHEDULE FOR UNION COUNTY.

At a recent meeting of the Union County Medical Society there were present 27 physi- cians who, by unanimous vote, adopted the following schedule as being nominal and by no means excessive on account of the great advance along commercial lines as well as per- sonal services in all other lines of business and professions: SCHEDULE.

For El Dorado:

Office examination and prescription....
.....\$2.00 and up
Day visit\$3.00
Additional visit on same day..... 2.00
Night visit (after 11 o'clock)..... 5.00
Fees for other work in accordance with above.

For Smaller Towns:

Office examination and prescription....
.....\$1.00 and up
Day visit\$2.00
Additional visit same day..... 1.00
Night visit (after 9 o'clock)..... 3.00

Other fees in accordance with above.

For out of town (applicable to the entire County:

Day visit and prescription—
One mile 2.00
Two miles 3.00
Three miles 4.00
Beyond 3 miles, additional charge per
mile50
Night visit, additional charge..... 1.00

Other fees in accordance with the above.

After a full and free discussion this fee system was unanimously adopted by the 27 physicians present. Due consideration was given to the fact that the doctor's dollar does not go any further in the purchase of food- stuff and other living expenses than does the dollar of the merchant, laborer or anyone else. It has been scientifically estimated that a dollar at this time will purchase only 57c worth of goods, basing the valuation on prices which existed before the war. Therefore, it became a necessity for the physicians to raise their fee standard in order to uphold the dig- nity of the profession and to permit of a liv- ing fee schedule.

Every physician in the county will be fur- nished with an office copy of the fee schedule in full, and anyone desiring to become better informed will do well to confer with his fam- ily physician.—Union County Tribune.

PROCEEDINGS OF THE
FORTY-SECOND ANNUAL SESSION
OF THE
Arkansas Medical Society

Jonesboro, May 7, 8, 9, 1918

HOUSE OF DELEGATES.

FIRST DAY, TUESDAY, MAY 7, 1918.

The House of Delegates was called to order by Dr. Wm. Breathwitt, President, at 10:00 o'clock a. m.

Invocation by Rev. Wm. Sherman, pastor First Methodist Church.

Address of Welcome to the House of Delegates, by Dr. R. W. Ratliff, Vice President Craighead County Medical Society.

Mr. Chairman and Gentlemen:

It is with very genuine pleasure that I, on behalf of the Craighead County Medical Society, greet you, and welcome you to our city, and our home, you gentlemen who come as official representatives of the time-honored and honorable medical men of the State of Arkansas, representing that class of citizenship that is never found among the slackers, or claiming exemptions, or among the profiteers, obstructionists, or pacifists, but who are always typifying and exemplifying that high type of Americanism, aggressive and progressive, working and striving for the betterment of mankind, keeping abreast with preventive medicine, as well as curative.

There is no class of people that has stood the acid test during our present national crisis more unflinchingly than the medical men of the Nation, ever ready to respond most generously to every call for aid. Wherever you find the doctor, there you will find an American citizen ready to answer his country's and humanity's call, and do his part as becomes a patriot.

Being thoroughly conscious and appreciative of the character and caliber of our guests, realizing that the best is not sufficiently good for them, we can only promise you the best that we have, and endeavor to make you feel at home with us while in our little city.

We hope that each and every one of you will have a very pleasant and profitable stay during the entire time. We hope to become acquainted with each of you individually, and renew and strengthen the ties of friendship already existing. And, let us help each other to that high plane of efficiency to which we are all endeavoring to attain.

Gentlemen, we say to you, Welcome with all we have, to our city.

President: Committee on Credentials, I will appoint Dr. C. J. March, Dr. A. G. Harrison, and Dr. J. M. Lemons. This committee can get the data necessary for their report in just a few seconds, if they will come forward to the secretary's desk.

Dr. March: We find that the credentials agree with the roster perfectly.

The roll was called, there being a quorum of delegates present.

Dr. Earle H. Hunt: In view of the fact that some of the secretaries of the county societies are rather late with their reports, and they haven't fulfilled all the duties, I move that we extend the courtesies of the floor to all of the fellows from those counties the same courtesies as we would to any other visitor. Seconded.

Dr. J. T. Clegg: Would that give them a vote in the House of Delegates as delegates?

President: He wanted to extend the courtesies of the floor, without the power to vote.

Dr. Hunt: To request them to be present so that they can get some of the enthusiasm, and get their counties to working. Carried.

Dr. E. F. Ellis: This matter of some of the societies not making reports, leaves the members who are in the room in a bad plight. I think we ought to take all the men who are in the room in active membership from the societies; I mean the members from the societies who have failed to make reports. Can they do that?

Secretary: Not without changing the Constitution. The Constitution specifically states that you must be certified by the secretary of the county society, accompanied by your per capita tax, to be a member of the Arkansas Medical Society.

Dr. Ellis: Doubtless it is simply due to the negligence of the secretary that the funds haven't come in.

Dr. Hunt: I think it is the best experience in the world to have a secretary let his society go dead. I experienced that personally last year, and I had my report in on time this year. It is a very good lesson. I don't think we could make the lesson any too impressive to those fellows, because I have gone through it, and I appreciate their feelings.

READING OF MINUTES.

Secretary: The minutes of the last meeting have been published in the Journal in June, 1917. It has not been customary to read them at these meetings. If the society wishes that I read them, I will proceed.

Dr. L. Kirby: We would all be pleased to have the secretary read this, but, on account of time, I make a motion to dispense with the reading, and that they be adopted as published. Seconded.

Reference Committee: Dr. A. E. Harris, Dr. R. Y. Phillips and Dr. M. L. Norwood.

PRESIDENT'S ADDRESS.

Gentlemen:

Following the custom of former Presidents, and feeling deeply grateful for the honor I have in addressing you who represent the legislative department of our association, I shall offer you a few recommendations only.

I am hoping that each county society has selected a man of judgment and deliberation to represent it in this house of delegates. Moreover, I am hoping that henceforward the counties lay aside expediency and seek fitness as a prerequisite in selecting their delegates.

Much of the success of the organization as a whole will be incident to the decisions you arrive at in your deliberations. If you fail to do the necessary things, it means that they must go over until another house of delegates meets, and so on, until right is accomplished. If you have thought lightly of your duties, you will think weightily before you are through, if you attend your meeting and fulfill the service expected of you.

I want to call your particular attention to the proposed amendments to our Constitution, and recommend that you embody them in our organic law. These amendments have been proposed solely for the purpose of helping the State Association, making easier the task of the county

societies. Every section of the Constitution affects every member alike, so there is no selfish motive to assuage.

Another feature that I feel that I keep before your minds and ask that you give it careful thought and each of you add your personal interest. Never in the history of this society has there been a demand from our government for medical men. Our great State has crowned herself with prideful honor in all she has undertaken as an integral figure of the composite statehood. Now there is a crying demand for more medical men to make their sacrifice—offer their time, brain, in fact, their all—to make the world safe. I beg of you to give this question your earnest thought, co-operate with all the forces at work, and carry our society, our State, and our beloved profession "Over the Top"; and, when we go over, let's stay over. The horrors of war can only be partially overcome, but we are the selected individuals to lessen these horrors—scientific, sympathetic medical aid in the hours when it seems that all of Hell is shut in and all of Heaven is shut out is the one particular ray of Heavenly Sunshine that can mirror the soul and make it grateful.

Give your reports deliberate consideration and, while your duties as delegates may take you away from the general sessions somewhat, you are rendering your State society a valiant service by your careful doing of the duties assigned to you.

The Council and your President will give you every assistance in their power and, while trusting you, we shall regret it if you disappoint us.

I thank you.

President: The first committee report will be the Scientific Program, Dr. H. A. Stroud, chairman.

Dr. Thad Cothorn: We have made our report. Virtually all that is printed.

President: Report of Committee on Medical Legislation, Dr. R. C. Dorr, chairman.

Secretary: I understand that Dr. Dorr is in Washington, and probably will be here Thursday. Dr. Hunt is here. Dr. Snodgrass is probably on his way to France.

President: In the absence of Dr. Dorr and Dr. Snodgrass, we will hear a report from Earle H. Hunt, from Clarksville.

Dr. Hunt: There has not been any legislature in session. We are going to go before the Constitutional Convention, but they have not met yet.

Secretary: They have met.

Dr. Hunt: Only had their committees appointed, but they haven't done anything about it; haven't done anything particularly. We didn't get any letter from the secretary of the State society, and he is the one that should have let us know.

President: Report of Board of Visitors to the Medical Department of the University of Arkansas. Dr. Barlow is not here.

On motion, the reading of the report was deferred.

President: The next report is that of the Committee on Necrology.

Dr. D. A. Pelton: I move that the report of this committee be deferred. Seconded.

Dr. J. S. Cargile: I believe I was recommended as a delegate, by Dr. Clegg.

President: Yes.

Dr. Cargile: For years we have neglected the death of deceased members. Last year that custom was revived. We should not just simply say, Defer that. That is not respectful to the dead. I would like to suggest that, instead of that, we certify the deaths at the time, but, at the same time, appoint some one to make appropriate remarks on each of those fellow members who have died during the last year, and not pass over such a serious matter so lightly.

Dr. Pelton: In making the motion I did, I did not wish to defer the consideration of any such a memorial. My motion was simply to defer the report of the committee until such time as some member of the committee was present in the House of Delegates, when the report could be made. That was the purport of the motion.

Dr. Cargile: I don't object to that, but, in doing that, appoint some definite time, when we can expect a good attendance. It is true that these men are dead,

but we owe them some respect, some duty. I don't know what to suggest about the time. I remember at the last meeting we had, several years ago, it was decided to hold the memorial services one evening when we would get a better attendance, and in the Baptist church with a capacity of 1,500. I don't remember any program, except Dr. Moulton made an address concerning some one. I felt humiliated and ashamed of our members. Last year we revived, and let us not treat that as a light matter. Try and select a time when we can get a good attendance, and make those appointments because the chairman does not know who is best prepared to say something concerning some of the dead members. On the other hand let some delegates or members from that county or section choose one of their number, and let it be known beforehand; let each one who is to speak know that he is expected to make the principal remarks concerning each one.

Dr. A. G. Harrison: I wish to speak on this question, and emphasize the same thought that Dr. Cargile spoke about. You all possibly recall the fact that one of the greatest men that this society ever had died during the year. It is well enough to take up this matter with some degree of interest, and with appropriate ceremony. I don't know how to do it myself, but I want to speak that thought, and I want us to think of that matter, and have a memorial service, if it is the wish of the members of the society. I think it ought to be done, but at present I insist that a committee, which has the authority and has the honor conferred upon them, that they should make a report at the annual meeting. And, in their absence, if they fail to do it, then I think we ought to take the matter up and do our part towards rendering some tribute to the memory of those who have gone before us.

Dr. Pelton: I will put this in concrete form. I move you that a special order of business be established for 2:00 p. m. Wednesday, which will give ample time for all to be here, when we will hold memorial services in memory of our deceased members who have died during the past year. Seconded.

Dr. G. A. Warreu: It is all right to appoint that hour for that special purpose, but, unless some one has the data, unless some one of the regular committee has gotten up those things, it would be a mere form, because you have nothing upon which to base your report. For several years I was chairman of the Committee on Necrology, and each year made a report. I was chairman when J. A. Dibrell died, and several of our prominent ex-members and past-members. And, now, I, too, believe that we ought to consider this matter in a way that would be a credit to our deceased members. But, unless some one has taken the matter under their observation, or it was their duty to look it up, and has got the data and can make an intelligent report, this will be a mere form. Then, those who know of the deceased members can get up and make little talks. But, to get the thing definite, we ought to get data from the home or from the relatives of the deceased members. And, unless we can get some of that data, I feel this report will be just a matter of form.

President: I want to speak to you just a second in explanation of the first motion made by Dr. Pelton. It was not his purpose, I am sure, to defer this indefinitely. I think all of you that know Dr. Mann, who is chairman of this committee, will understand that he is going to make a report to you. The Committee on Necrology was fathered by Dr. Mann, and he has been a very earnest and a very assiduous worker along this line, and has paid beautiful tributes to every member of our society who has gone beyond, when he was on this committee, and I want to say to you that he is coming here and he is going to have a report, and it is going to be as exhaustive as his

information can make it. And, I know Dr. Pelton had in view the disposition of this committee the same as the other committee when he made his motion. I might say this, that you are going to have your Necrology Committee report, and I am glad that a time and place is to be set aside for having it, and I trust you will work up enough interest to get a goodly number present to hear that report. Our dead ones are entitled to it, and it can do us no harm and must increase our respect for one another. I am simply saying that in explanation of his motion, and in explanation of the attitude taken by Dr. Cargile.

Dr. Cargile: I approve of that motion, but it does not quite cover one point I make, which I think is essential: Dr. Mann's report may be ever so good, but he cannot deal personally in that report with all of these men. I don't know how many there are. I believe there are seven from different parts of this State. I would like to move that the members living in the section where some deceased one lived will get together and appoint one of their number to make some appropriate remarks which the chairman cannot make.

President: You will have to make that as a substitute motion, because there is a motion before the House.

Dr. Cargile: I merely want to amend that motion.

Dr. J. T. Clegg: There is a motion that perhaps covers it.

President: I don't really see how you can approach this in that way, except at the time you hold your meeting, because you have got a definite committee appointed. Now, whatever action you want to take after you have got that committee's report will be up to the House of Delegates to settle. But, this committee has been appointed, and it has been their duty to get this data. Now, when that committee reports, if you want to or will delegate one man from each county to memorialize these deceased members, that is your business, and it would be a very pretty tribute. But, you have established a committee, and you have got to have their report when they are here.

Dr. Pelton: I rise to a point of order. I was out of order in making my second motion. You can't have two motions before the House at the same time. The first motion I made was simply to defer the hearing of the report of the Committee on Necrology until a number can be present, which probably will be at our next session.

President: I think your point of order is well taken, and I will entertain your primary motion, if there is a second to it. Carried.

Dr. Cargile: Let me make another motion; that the members from the different sections in which lived some of the deceased members, their counties and other counties immediately around, get together and choose one of their number now today to make some remarks concerning our deceased members. Seconded.

Dr. Robt. Caldwell: I don't see why we can't leave this to the men who are on this committee. I don't see why we want to take it from their hands. It is all right if they want to do that for the next year. We have appointed this committee, and they have an express purpose to perform, and I don't see what we want to do that now for.

Dr. W. R. Bathurst: For the information of some who may misconstrue this motion, the report of the committee will be made, and then supplemented by further remarks by those who care to say anything in reference to it. Carried.

Dr. Pelton: I wish to again state my second motion, that the hour immediately following the convening of the society on Wednesday afternoon at 2:00 p. m. be made a special order of business to take up the matter of necrology, and have a memorial.

Secretary: Do you wish that to be in the General Session, or just the House of Delegates?

Dr. Pelton: In the General Session, where they can all hear it, and will all be there.

Secretary: You are going to interfere with this program, if you get that started. We had two hours and a half last time with talks along this line.

Dr. Bathurst: Make it following the Scientific Session on Wednesday.

Dr. Pelton: We can do that.

Secretary: Let that be one of the orders.

Dr. Pelton: We have time to change that on Wednesday morning. I withdraw that motion.

Secretary: You had better leave it for some future session of the House of Delegates, because all these remarks will be published anyway in the Journal.

President: Report of Committee on Health and Public Instruction.

Dr. C. W. Garrison: I was derelict in not getting in communication with the other two members of this committee. So, yesterday I ran off a brief report, expecting to see the other members of the committee here this morning, but I haven't been able to see them, if they are here, and can only submit it as a minority report, if you are ready to hear it. There will have to be a few changes made with reference to some dates here, with reference to the enactment of legislation which was prior to the last annual session, but the bureaus in reality have been established since the last annual meeting.

REPORT OF COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION.

To the Chairman and Delegates of the Forty-second Convention:

Sirs: Your Committee on Health and Public Instruction herewith begs to submit the following report:

Since the last annual meeting of the Arkansas Medical Society, the Bureau of Sanitation and Bureau of Venereal Diseases have been established by the State Board of Health. Also a law was passed amending the Vital Statistics section of Public Health Act No. 96, 1913. It was made necessary to amend this law by a decision of the Supreme Court, which held that the Local Registrars were State and not county officers, and consequently the counties could not be held responsible for the payment of fee bills. This resulted in many counties refusing to pay these fee bills, and caused a large number of the Registrars to resign. In addition to amending the unconstitutional clauses, as pointed out by the Supreme Court, an additional section was added requiring the registration of marriage licenses, with an assessment fee of 50c, to be collected by the County and Probate Clerks, and deposited in the State Treasury to the credit of the Vital Statistics fund. This will yield a revenue of from \$7,000 to \$10,000 annually, which will be adequate to maintain the Central Bureau of Vital Statistics.

A Hotel Inspection bill was passed by the last General Assembly, licensing hotels, rooming houses and restaurants, the fees being regulated according to classification. This source of revenue will yield about \$7,000 per annum, which will provide for inspectors and office equipment necessary to execute the law.

Recently the State Board of Health has created the Bureau of Venereal Diseases as a war measure, at the request of the War Department. The Governor issued a deficiency proclamation for \$1,000, and additional funds are being raised. The County and City Administrations are making small donations to assist in operating this Bureau. It is desired to acknowledge the very great assistance rendered by the Legislative Committee of the Arkansas Medical Society in securing the passage of the above legislation.

Interest in public health work is growing rapidly throughout the State. Two counties have made appropriations in intensive health work, Woodruff \$2,400, and Ashley \$3,000. A similar amount is to be expended in each county by the International Health Board under the supervision of the State Board of Health. Five units of Malarial Control work are now established at Lake Village, Dermott, Monticello, Bauxite and Hamburg. Each of these cities have made appropriations varying from \$1,100 to \$1,700, and the director in charge is paid by the International Health Board. The Crossett Lumber Company, at Crossett, is now financing the entire cost of malaria control work in that city and many corporations and municipalities have made applications for surveys to be made, proposing to finance the surveys and control work, but trained directors are not available.

The U. S. Public Health Service has had administrative jurisdiction over all sanitary matters in the extra canton-

ment zones at Camp Pike, Pulaski County, and Camp Eberts in Lonoke County. In order to co-ordinate all health jurisdiction and to prevent duplication in reports, the U. S. Public Health Service, by common consent, has been delegated authority to direct the public health work throughout Pulaski and Lonoke Counties.

There was a marked reduction in the incidence of Pella-gra during the year 1917 over that of the previous three years, but there is some indication that if the poorer classes substitute the cheaper, less nutritious foods for the more expensive proteins, there will be a marked increase in the incidence of the disease.

An effort is now being made, with the co-operation of the Educational Department, to have incorporated in the curricula of all the schools a simple course, probably in the form of a catechism on the more important health topics.

The following recommendations are submitted, after a conference with State Superintendent of Schools, J. L. Bond:

First. That medical inspection of all school children be instituted throughout the State at the earliest possible moment.

Second. That physical training in the public schools, under proper direction, be instituted.

Third. That such legislation be enacted as will be required to build up a thoroughly adequate public health system in each county.

Fourth. That legislative enactment be secured requiring that the plans of all public school buildings be approved by proper authorities before erection.

Respectfully submitted,

C. W. GARRISON, Chairman.

President: Have you any report, Dr. Lemons, of the Committee on Sanitation and Public Hygiene?

Dr. J. M. Lemons: No, I haven't any report. I haven't received any communication from Dr. McGehee at all. I don't know what the doctor has done.

President: Report of Committee on Cancer Research.

Dr. Caldwell: Dr. Ogden, as most of you know, is in France, and Dr. Kittrell is not here. I have a report that I will read, and may be we can get Dr. Kittrell to sign it before we leave.

REPORT OF COMMITTEE ON CANCER RESEARCH.

To the House of Delegates of the Arkansas Medical Society:

Your committee has had no opportunity to make any statistical investigation, but in view of the prevalence of cancer and the terrible resultant mortality, we believe that special means should be taken to keep the subject continually before the profession and that physicians should be alive to the importance of advising patients with the slightest symptoms of cancer, or having blemishes possibly with cancerous potentialities, to seek proper expert diagnosis and prompt treatment upon the discovery of such symptoms.

To this end we recommend:

(1) That the State Secretary write the secretaries of every County and District Medical Society in the State requesting that at least one session of each society during the year be specifically set aside as "Cancer Session," and that at such meetings every case in the practice of members, with such data as members have been able to obtain from any source, be brought before the meeting for consideration and discussion.

(2) That every member of the profession render all the aid possible to the warfare on cancer, which should be waged with as much vim, energy and earnestness as military warfare. He can do this by making the earliest possible diagnosis in all cases of tumors or blemishes of carcinomatous possibilities, by giving the proper treatment and being on the alert at all times for precancerous conditions which, properly treated would most likely prevent the development of cancer.

We desire to close our report by subjoining the report prepared by the Standing Committee on the Control of Cancer of the Massachusetts Medical Society, which takes the form of a "Cancer Decalogue" which was published in the Boston Medical and Surgical Journal, as follows:

CANCER DECALOGUE.

1. The Classical Signs of Cancer are the signs of its incurable stages. Do not wait for the classical signs.

2. Early Cancer Causes No Pain. Its symptoms are not distinctive but should arouse suspicion. Confirm or overthrow this suspicion immediately by a thorough examination and, if necessary, by operation. The advice, "Do not trouble that lump unless it troubles you" has cost countless lives.

3. There is No Sharp Line Between the Benign and the Malignant. Many benign new growths become malignant and should therefore be removed without delay. All specimens should be examined microscopically to confirm the clinical diagnosis.

Precancerous Stage. Chronic irritation is a source of cancer. The site and the cause of any chronic irritation should be removed. All erosions, ulcerations, and indurations of a chronic character should be excised. They are likely to become cancer.

5. Early Cancer is usually curable by radical operation. The early operation is the effective one. Do not perform less radical operations on favorable cases than you do on unfavorable ones. The chances for a permanent cure are proportionate to the extent of the first operation. Make wide dissections. Incision into cancer tissue in the wound defeats the object of the operation and leads to certain local recurrence.

6. Late Cancer is incurable though not always unrelievable. Radium, x-ray, ligation, cautery or palliative operations may change distress to comfort and may even prolong life.

7. Cancer of the Breast. All chronic lumps in the breast should be removed without delay. Benign tumors can be removed without mutilation. Examine all specimens microscopically. An immediate microscopical examination is desirable since, if positive, it permits a radical operation at the same sitting. A radical operation performed ten days after an exploration is nearly always unsuccessful in curing Cancer of the Breast.

8. Cancer of the Uterus. Any irregular flowing demands thorough investigation. Offensive or even very slight serous flows are especially suspicious. Curette and examine microscopically. Amputate all eroded surfaces which do not yield promptly to treatment. Do not wait for a positive diagnosis.

9. Cancer of the Digestive System is difficult of early diagnosis and therefore unfavorable in prognosis. All persistent and recurring indigestions (more especially if attended by change of color and loss of weight), and any bleeding or offensive discharges demand prompt and thorough investigation.

10. Cancer of the Skin. Any wart, moles or birthmarks which enlarge, change color, or become irritated should be removed promptly. They are likely to become cancer. Do not wait for a positive diagnosis.

Respectfully submitted,

ROBERT CALDWELL, Chairman.

President: Report of Committee on First Aid and Committee on Infant Welfare will be passed, as there is no one here on those committees. What about the report of the Committee on History of the Arkansas Medical Society?

Dr. Bathurst: I made inquiry as to the progress this committee was making or expected to make. Dr. Gibson seems to have the material, and is not disposed to give the secrets away, and asks for further time.

Dr. Warren: I would like to hear that report, but I am not a member of the House of Delegates. I would like to have that report from this committee on the Arkansas Medical Society, if we can get it at some future time in this session.

Dr. A. E. Harris: Dr. Gibson just told me before he left that we were going to have a Constitutional Convention pretty soon, and new history would be made, and he didn't want to make a report until they met.

Dr. L. Kirby: I make a motion that the committee be continued, and asked to make a report if possible anyway next year.

Seconded. Carried.

President: Report of Committee on Expert Testimony.

President: I will entertain a motion to defer the report of that committee until the next meeting of the House of Delegates.

Dr. Caldwell: I make a motion that the report of that committee be deferred until the next meeting of the House of Delegates.

Seconded. Carried.

President: Report of Committee on Prevention of Typhoid Fever and Malaria.

Dr. Norwood: We ask that you pass the report of this committee until the next meeting of the House of Delegates. I make that as a motion.

Seconded. Carried.

President: The next is work of the Committee on Workmen's Compensation and Social Insurance. That is a committee appointed at the suggestion of a few women, I take it, from Washington and the East. No doubt many of you have had a stereotyped letter with reference to the duties of this committee. I had that letter, and, in keeping with their request, appointed this committee, and appointed myself chairman, in keeping with their request. I confess to you that I have made quite a little investigation and did quite a deal of talking among men with reference to what could be accomplished by the efforts of a committee like that. I find that in this Southland, we have practically no social insurance or workmen's compensation. And, while they do have conditions like that in the East, it will perhaps be years before the educational process reaches our thinly settled country. That being true, it didn't appear to me to be wise to make an effort to make a report.

The reports from these various committees that have been made are referred to the Reference Committee, composed of Drs. A. E. Harris, R. Y. Phillips and M. L. Norwood.

We will now hear the report from the Chairman of the Council.

Dr. Clegg: I did not make any formal report before I left home. Time and conditions came up that deterred me from making a formal report as Chairman of the Council. Some matters have come before the Council in the past year. There was difficulty in collecting a census of the physicians eligible to army service, as, reports from only one or two of the councilors have come to me. I don't know what has gone to the secretary. The Council was called to appropriate money to assist the Red Cross Ambulance Unit organized at Little Rock. As much in sympathy as anyone can be with the work of the Red Cross, I did not feel that the Council could legally appropriate the society's money for any purpose, and the majority of the members of the Council agreed with me in that ruling. It appears to me that in my district interest in the medical organization is lagging. Whether it is the fault of the councilor or lack of appreciation of the benefits of the association, I do not know, or whether it is the general excitement and the general attraction of attention from civil medical matters by the conditions of the army service, I don't know. But, it seems to me that all over this State there is a want of enthusiasm or a lack of interest in our county societies, and especially of the county societies in my district, some who haven't sent in their dues, county societies that I thought were in good working order, and seemed to be, by the last reports I had from them. What the experience of the other councilors has been, I do not know. Dr. Kirby made a thorough canvass of his district in the interest of army organization, and here is his report which I shall submit with the few remarks that I have made.

Dr. J. T. Clegg, Chairman of Councilors, Arkansas Medical Society:

As Councilor of the Ninth Councilor District I submit the following report:

On May 13, 1917, upon call of our President, I met with other Councilors in Little Rock, to consult and devise plans for taking a census of the doctors of the State preparatory to mobilizing the medical profession of Arkansas in the world war. Acting on such Council advice I had circular letters and blanks printed, the letters explaining the effort we as a society under the advice and sanction of The National Council of Defense were making to prepare our medical men for home and war service, and while not being able to visit all the Counties in my district to deliver these circulars and blanks in person, I did mail to every registered physician these papers. I met with the Boone County Medical Society on July 26, 1917. Talked over the interest we as medical men should take in the war from a patriotic desire to forward the interests of our Government, not alone in a medical, but in any and all ways, and the caring for the practice and families of the physicians who might enlist

in the medical service of the United States. In other words, in each county where I met with the societies our meetings were in fact practically the pioneer patriotic meetings held in these counties.

On July 20 I met with the Searcy County Medical Society, at Marshall, Ark.

On August 6, 1917, met with the Carroll County Medical Society at Berryville, Ark.

On August 24, 1917, met with two Newton County doctors at Jasper, Ark., there being no society in the county.

There was a good interest manifested at each of these meetings, much discussion, mutual advice given, and a general desire for co-operation with the Government in doing any and everything to aid in the war work.

Where I could see the doctors they all cheerfully filled out the census blanks. Where I wrote to physicians I enclosed an addressed stamped envelope for reply and all save eighteen in my district promptly responded. To those eighteen I sent two and to some three letters, and since there was a printed notice to return my letters in five days, I am sure these doctors all received my circulars, etc. At this late date we would be constrained to say they were not patriotic. I furnish with this report a copy of the circular letter, also the blank census form.

I find in Boone County thirty registered physicians. Three subject to draft.

In Carroll County twenty-one registered physicians who filled out the blank, and one who would not fill the blank. Not one subject to draft.

Newton County six registered physicians made returns, two of whom were subject to draft. One would not report.

Baxter County thirteen registered physicians filled out the blanks. Five failed to fill blanks. Not one who reported subject to draft. Of the five who failed to report, four are 70 years and over of age. One is not a graduate.

Marion County, nine registered physicians reported. Two failed to report. One of these men attended a medical school, the other, I learn, has a mitral valvular insufficiency. Not one is subject to draft.

Searcy County eleven registered physicians reported. Not one subject to draft.

Stone County seven registered physicians reported. Not one subject to draft.

Van Buren County. Of the twenty registered physicians eleven reported. Not one subject to draft.

In the eight counties composing the Ninth Councilor District, I find:

125 Registered Physicians.

18 failed to report.

Taking those under 55 years of age, the limit put upon age by the United States Medical Department, there would be subject to enlistment 91 doctors, but unfortunately we have to exclude non-graduates, which would reduce the number subject to enlistment by 31, leaving according to age limit 60. Of this number probably one-third are physically disqualified, which would leave only forty physicians in the Ninth Councilor District subject to enlistment.

Respectfully submitted,

LEONIDAS KIRBY,
Councilor Ninth District.

Dr. Clegg: I think if every councilor in the district had been as energetic and thorough and as much in earnest in this work as Dr. Kirby, we would have had a full report for the State. I admit that I visited a number of counties in my district and communicated with most of the members in my district—I don't remember the number of counties. I think they reported directly to the secretary, that didn't all report to me—and I really don't know how many members who are subject to military duty in the Tenth Councilor District. The other councilor districts, I suppose the secretary has. I think our army quota is below standard, is it not?

Secretary: Yes.

Dr. Clegg: I am really ashamed of the State of Arkansas. We have about as bright young men in Arkansas who are subject to military duty as any other State in this Union. I have urged that matter, put that matter before the doctors in my district, and quite a few have volunteered. I think I have out of my district fifteen or sixteen who are already in the service. We should have more. We should have more all over the State. We are way below our quota in the call of the government. I think this is wrong. I think it is a shame on the part of the doctor, who can't volunteer to take care of our young men who are going to be wounded by all kinds of missiles, and who are going to be poisoned by gases, who are going to be burned by liquid fire. I really

don't know of any language to express my thought of those members who are eligible to army service and stay at home. It is a thought of pity, sorrow, shame and discouragement to think of doctors who would not volunteer to take care of those wounded and those who will be wounded. If you go to the cantonments, you will see the class of young men who are going out to fight, the very cream of America, and the doctor who would wilfully stay at home and let those men suffer for want of medical care, is not worthy of the profession that we should regard as the highest in the world. (Applause.)

Secretary: Dr. Wootten was to make this report (report of Delegates to the American Medical Association) as a delegate to our meeting in New York, and he will be here later, and I would suggest that that it be deferred to some other meeting of the House of Delegates in the next day or so, because he will be here to make that report. My report as secretary will embrace practically the report that I would make as a delegate to the American Medical Association.

President: If there is no objection, the report of this committee will be deferred to a later or more convenient time. We will now have the report of the Secretary.

Secretary: The only successful proposition that we have had during the past year has been the finances. Our membership is about 100 less than the report made at the meeting last year. Some of our largest counties will report, I am sure of that. Clark will report. I don't know about Columbia or Crittenden. I am sure that Garland, with 59 members, will report. Jackson, I received their report this morning. It is not a part of our report today. Logan County, I am sure will report. Sebastian, with 46 members, I am sure will report. Woodruff, with 15 members, I am sure, will report.

Now, we had on hand at our report a year ago in the hands of the treasurer \$6,554.62. The entire cost of running the society and printing the Journal for the past year is \$3,930.22. The increased cost of the Journal is practically double.

And then last year, at the time of our meeting we had only printed the Journal for 11 months. This year we have got in 12 full months. And, it leaves the balance in the hands of the treasurer \$2,624.40; we had on deposit as a savings account, for which we got four per cent interest, \$120.36. So, in the treasurer's hands at this time there is \$2,744.76 from last year. We have run the society, and carried that much over on our past year. The amount received from dues this year to date is \$2,202.00; the amount that the editor received for advertisements in the past year is \$2,040.92; making a total income of \$4,242.92 for the past year. And, our entire expense was \$3,930.22. So, we have on hand at this time \$6,987.68, about, in round numbers, \$500 more than we had last year. And, our membership has fallen off.

Now, the great increase in the receipts from the Journal has been due entirely to the efforts and work of Dr. Bathurst, editor, and he has done most wonderfully. In fact, I was in Chicago last week, and inquired of a number of the secretaries of the various States in the Union, and practically every State Journal in the United States is run at a loss. I doubt very seriously whether there's a half dozen State Journals in the Nation that are not published and run at a loss, while we have run ours at an income. (Applause.) Now, I would like to defer the balance of my report until a number of our members, who are now in Washington attending this conference, return. The balance of my report covers entirely the proposition that is now up to the medical profession in the war. And, the consensus of opinion at the State Secretaries meeting in Chicago was that there

had been entirely too many committees at work, trying to accomplish the same end, but working from different angles. And, I believe it would be better to have our report as one, because, if I make a report on our proceedings in Chicago, and then the men come back from Washington and they will probably make a report to this House of Delegates, I would rather we would get together and be in harmony. The entire object of the meeting in Chicago was in every way possible to harmonize this work. But, I will say this, at this meeting Major McLean of the Surgeon General's office, will be here to talk to you tomorrow along these lines. But, the consensus of opinion and the resolutions adopted at the meeting of the secretaries in Chicago was this: that the war committee of the American Medical Association, which was composed of the Board of Trustees and the President and Secretary of the American Medical Association, as a war committee, are to confer with Surgeon General Gorgas and get up a questionnaire along the lines, for the medical profession, practically as that of the last draft, when the questionnaire for the drafted men was submitted. This will be absolutely voluntary. There will be a State war committee, composed of the secretary and two other members, to be appointed by the President. There will be a county war committee, to be composed of the county secretaries and two other members, to be selected by the presidents of the county societies. Now, the American Medical Association and the National Council of Defense have not been working in harmony. Now, what we hope to do is this: You take, in this instance, at present as secretary of the Arkansas Medical Society, and also secretary of the State Committee on Council of Defense for the State. Now, that probably happens in half a dozen different States that the secretary of the State Medical Society is secretary of the State Committee, and they have been cross-firing. Now it is hoped that in all of these cases, where we have these committees, that the war committee of the American Medical Association will be the same men that are on the county and State committee of the Council of National Defense, and in that way you have only got one committee, and you will harmonize the work. But, we were sufficiently informed at this conference in Chicago that, if the doctors did not volunteer—that is fill out their questionnaires and send them in—that there would probably be a bill introduced in Congress to draft every doctor in the United States under the age of 55. In fact, possibly 40 per cent of the members at that meeting insisted on making the recommendation at that time to call on the Surgeon General to ask Congress to pass a bill for the drafting of all doctors under that age. But, when I have a chance to talk with the members of the committee who have gone to Washington, and we get together, why we will have a very extensive report to make along these lines.

There is one thing I want to bring up at this time, which I believe I should mention. Dr. Charles Mayo, President of the American Medical Association, was at our meeting in Chicago. The thing that he most talked about was the fact that in Washington the administration of the Medical Service of the United States is scattered about under 17 various departments. The Public Health Service is in the Treasury Department. They call on one department for something and on another for something else. I will just read what Dr. Mayo said, and then you will get it.

"Our profession is organized, but around the outskirts is a great deal of disorganization that has been held over from the methods of the profession in advancing their work in education. In the early period, there were in Washington about 18 bureaus, boards and departments that had to do with medicine. Each of these bureaus and departments spent a great deal of money, and there was absolutely no co-ordination, and no one will let go. Each

head wants to be chairman of the committee to look after it. The more we study the question, the more we find that there will be no change until we get a real department of health with an officer in the cabinet to look after it, and then we will have an organization."

Now, that is the point that he specially wanted us to work on in our State Society, through our Congressmen and Senators, to try to get a department with a cabinet officer. That is the old Owens bill, which has been hanging fire for about three years. And, if there is any time in the world when it is needed, it is at this time. Here is the proposition that he put up, that I think is going to meet the troubles of the entire profession:

"A serious problem comes to mind in relation to France. There they have not had any medical schools running for four years. In England the same is true. With the natural death rate of doctors, and no new degrees granted, it means a great deduction, and the danger that, when the schools have started again, there will be a lowered standard. I think organized medicine in this country did a great service in seeing to it that the Government did not, in developing draft laws, break up our medical schools. I think that has been one of the greatest features shown by organized medicine."

Here is the most important point, I think, developed at that meeting:

"The thing I have been hoping for is that funds may be obtained to develop a great medical teaching institute in Paris, and, from letters received from the French Government, the President and others high in authority, this idea is approved."

His idea is this:

"We could move our men over a thousand at a time, and they could be trained by men at the front, who for four years have had at their fingers' ends things that we can't possibly get in this country. I would suggest to turn over now for teaching purposes two-thirds to the Americans and one-third to France, and after the war make France a present of it, and make Paris the center for American Medical study in Europe. It takes a lot of money to run such an institution, but it looks as though the money might be raised. It is estimated that it would take from \$100,000 to \$150,000, under present circumstances, to run such a school for a year. It is most difficult to bring about such a thing under Government control. Something like that must be planned by organized medicine, but not by Government organized medicine, and turned over to the Surgeon General for the period of the war. Surgeon General Gorgas could easily detail men in the service for temporary duty for the education of these men, and give them one month or two months of lectures, and without disorganization we could give our surgeons the absolutely necessary instructions and all around service we have been trying to develop in a more or less haphazard way."

His object was in the future to do away with Vienna and Berlin as medical centers.

President: We will hear the treasurer's report.

REPORT OF THE TREASURER.

To the President and Members of the House of Delegates of the Arkansas Medical Society:
I wish to make the following report, from May 1, 1917, to May 1, 1918.

RECEIPTS.

Balance on hand May, 1917.....\$6,554.62
4% interest, savings account..... 120.36—\$6,674.98

DISBURSEMENTS.

(Per list attached).....\$3,930.22
Balance on hand..... 2,744.76—6,674.98

DISBURSEMENTS, 1917-1918.

Voucher No.—
435—C. P. Meriwether.....\$ 97.00
453—Wm. R. Bathurst..... 663.88
454—C. P. Meriwether..... 686.25
455—The Union County Tribune... 18.00
456—Central Printing Co..... 168.92
457—Central Printing Co..... 114.85
458—C. P. Meriwether..... 130.00
459—A. Pfeifer & Bros..... 25.00
460—Wm. R. Bathurst..... 10.00
461—J. T. Clegg..... 25.00
462—Noel Loeb..... 96.30

463—Underwood Typewriter Co.....	50.00
464—Central Printing Co.....	250.02
465—F. S. Overton.....	39.90
466—Central Printing Co.....	160.25
467—Southern Trnst Company.....	15.00
468—Central Printing Company.....	137.11
469—Wm. R. Bathurst.....	10.00
470—Dr. J. H. Weaver.....	33.82
471—Parkin-Longley Company	2.75
472—Central Printing Company.....	180.36
473—Central Printing Company.....	160.14
474—Central Printing Company.....	136.37
475—Wm. R. Bathurst.....	10.00
476—Central Printing Company.....	121.08
477—Central Printing Company....	136.24
478—Central Printing Company.....	107.56
479—Central Printing Company.....	140.72
480—Wm. R. Bathurst.....	10.00
481—Central Printing Company....	193.70

\$3,930.22

Respectfully submitted,
WM. R. BATHURST, Treasurer.

President: Reading of communications.

Secretary: The State Committee on National Defense had me write the National Committee a short time ago. There are 49 States and Territories, including the District of Columbia, in the United States. The number of medical men in the army has been given considerable publicity by the various organizations, trying to enlist men in the volunteer medical reserve corps. In the 49 States and Territories, I am sorry to say Arkansas stands 49th, with a percentage of 6.9. We are the lowest of any State in the Union in men who have gone into the service. But a few days ago, at a committee meeting at which our President was present, and other members of the State Committee on National Defense, I was instructed to write this letter, which I did. In this report as given out, we are placed in the last column.

Dr. Kirby: Does that list of physicians include all registered physicians in the State? The one that the Government speaks of.

Secretary: Yes. They gave us 2,637 doctors.

Dr. Kirby: Doesn't that include osteopaths and chiropractics?

Secretary: No. Eclectics and homeopaths, but osteopaths are not included in this.

Dr. Harrison: Chiropractics and Christian Scientists are not included.

Secretary: No.

Dr. Harris: Do you have to be a graduate of a reputable medical college and have the literary qualifications before you can enlist in the medical corps?

Secretary: Yes.

Dr. Harris: Why these other men?

Secretary: They took the list published in the directory of the medical association. They didn't pick out the men who are eligible, but our percentage is based on the number of men licensed to practice medicine.

Dr. Harris: They can't join the medical corps?

Secretary: No. But that doesn't help us out on our percentage. That is the reason I say I don't think it is fair to us.

Dr. Kirby: I don't suppose it is necessary to make a motion to that effect; but I would like to call attention to the fact, so that the General Session will adopt a resolution requesting our Congressmen or some of them to pass that Owens bill, that will give the proper recognition in the National Department of Health. I just want to call attention to it, so that some of us won't forget it when we meet in regular General Session. I suppose that is the proper place for such a resolution to be passed.

Secretary: Yes.

President: The next in order is the appointment of the Nominating Committee.

The delegates present from the various councilor districts held meetings, and the following was announced as their selection of members to serve on the Nominating Committee:

First Councilor District—Dr. R. E. Bradsher, Mar-
maduke.

Second Councilor District—Dr. A. G. Harrison,
Searcy.

Third Councilor District—Dr. S. A. Southall, Lou-
oke.

Fourth Councilor District—Dr. Rufus Martin, War-
ren.

Fifth Councilor District—Dr. J. F. McKnight,
Bradley.

Sixth Councilor District—Dr. M. L. Norwood,
Lockesburg.

Seventh Councilor District—Dr. J. W. Melton, Slo-
comb.

Eight Councilor District—Dr. Robert Caldwell, Lit-
tle Rock.

Ninth Councilor District—Dr. R. H. Huntington,
Eureka Springs.

Tenth Councilor District—Dr. W. H. Mock, Prairie
Grove.

President: Upon inquiry, the impression is out
that there are no vacancies to be supplied at this
time. But, to ascertain fully, it has been suggested
that this be deferred until the next meeting when
Dr. Stout, who is secretary of the State Board of
Medical Examiners, will be here, and can give us
definite information. If there is no objection, this
suggestion will be the rule or order. Any miscellane-
ous business?

Dr. Cargile: I am on the program Thursday morn-
ing. Mine is the last one, except some reports from
the Red Cross ladies and other organizations. Now,
it is probable that some of these ladies will have come
in before I get through. I wish to say that there
are some things in my paper that would not be proper
to read before ladies, except medical ladies. Hence,
I suggest, or request, so that I be not embarrassed,
or they be not embarrassed, too, that my time be
changed to a more opportune season.

Dr. Bathurst: Dr. Douglass is not present, and
he has a paper this afternoon, the last one on the
program. If there is no objection, I move that Dr.
Cargile's paper be read this afternoon in place of
Dr. Douglass'.

Seconded. Carried.

Dr. Cothorn: I want to say that immediately after
adjournment this afternoon, we should all meet at
the J., L. C. & E. depot, where a special train will
take us to the lake at Lake City, where we will have
an old-fashioned barbecue and fish supper. Unfor-
tunately, we have no moonlight to come back by,
so that we will have to come back with or by moon-
shine.

On motion the House of Delegates adjourned.

GENERAL SESSION.

TUESDAY, MAY 7, 1918, 2:00 P. M.

The General Session was called to order by Presi-
dent Breathwit.

Invocation by Father J. A. McQuaid.

President: It is a particular pleasure to introduce
to you Mr. Patten, of Jonesboro, who desires to ex-
tend to you some welcome that he has in mind.

Mr. Patten:

Gentlemen: As representative of the Elks' Lodge, I
have been requested to extend to you an invitation to
make our club room your headquarters while you are in
the city. We realize the fact that the present times have
rendered conditions for the physicians more arduous and
more complex, and, as evidence of the fact that we do
welcome you and are anxious for your visit to be pleasant,
we extend to you our club rooms. We are proud of our

club, and we want you to learn more about us and about
our Order while you are in the city. I thank you.

President: Address of Welcome by W. W. Jack-
son, President of the Craighead County Medical So-
ciety.

Mr. Jackson:

Mr. President, Members of the Arkansas Medical Society:

On behalf of our local organization, it is my pleasure to
extend to you a hearty welcome to our city. We assure you
that our best efforts will be used to make your stay a
pleasant one. This is the second time in the last quarter
of a century that the Arkansas Medical Society has held
its meeting in this part of the State. Jonesboro will have
had the honor and the pleasure of entertaining you on
both occasions. Gentlemen, we do not propose to offer
you any better times than you had at other places on
previous occasions, or at this place on a former occasion.
Neither do we propose to offer you any elaborate spreads
or fashionable banquets, because we do not believe it
would be in keeping with the times or meet Mr. Hoover's
approval. But, we do hope to do something, or show you
something that may induce you to visit us again in the
near future. Therefore we have arranged to entertain you
in rather primitive style, in a manner that cannot offend
the most patriotic citizen. We will leave here this after-
noon at six o'clock on the Jonesboro, Lake City & Eastern
Railroad on a special train for Lake City, one of the
most prosperous and thriving little towns on the St.
Francis River. There you will be met by some of the best
people in the State, and feasted with plenty of good music,
patriotic orations, and abundance of fish, hot coffee and
cornbread.

President: I am due Dr. Jackson an apology, and
Mayor Frierson two apologies. I overlooked his ad-
dress of welcome, which on our program came before
Dr. Jackson's. Dr. Jackson's welcome was so whole-
some and so pleasant that I am sure we can keep
you for a few minutes while we hear Mayor Frierson,
and then Dr. Warren's response.

Mayor Gordon Frierson:

Mr. Chairman, and Gentlemen of the Convention:

I feel slightly embarrassed for fear that I may be un-
able to get clearly across to you just how warm and how
cordial our welcome to you is. I feel sure you will make
every allowance and give every consideration that may be
due my shortcomings in that respect. I ask you, gentle-
men to understand, and I believe you will understand
and realize, that when we say that you are welcome to
our city, we mean as much by that as if we were able
to go ahead and elaborate the theme at great length, and
ornamentation. We are very proud indeed to have you
with us. Gentlemen, we believe and know and under-
stand thoroughly, that the doctors of Arkansas constitute
possibly the largest of the professions, and I have no
doubt the most influential of the professions. And, I
would not hesitate to say, exercise greater power than
any other equal number of men in our State affairs,
when they choose to exercise it. And, I speak the senti-
ment of everybody when I say that power is always ex-
ercised for the right and the good.

Gentlemen, we welcome you, furthermore, as the ex-
ponents of science, and of common practical sense, and
of experimenting, of recording, of observation of every-
thing that goes to make up practical common sense and
the experimental sciences. I say we welcome your pro-
fession, we welcome you as the representatives of your
profession.

I believe, and I believe it from the epidemic of char-
latanism, sooth-saying and fortune-telling, which has run
riot in our midst recently, I believe that the hideous
superstitions of the Middle Ages are always crouching in
the background ready to come to the front, if the eclipse
of the intellect shall have occurred by reason of any
great national or international stress. I say we have had
an epidemic here of the most utter nonsense, and we still
have it going on.

I say, then, that we are glad to welcome men whom we
know are devoted to the scientific spirit, and who pursue
their work and their investigations according to the sci-
entific method, and who base all their beliefs and all their
findings in the line of their profession on observed and
recognized facts, and on God's own truth and Nature's
own truth, and we welcome you in that sense, as such.

I read a statement in the newspaper the other day that
impressed me very much indeed. It was to this effect: that
the Germans, our enemies and the enemies of mankind, as I
view it, value the life of an American doctor or American
surgeon as equal to that of 150 fighting men. That is the
estimate which is placed upon you and upon your brothers
by that most efficient of all nations, even if it is the most
brutal likewise, and I doubt not that they value you, too,
at the correct estimate. I do believe that the representa-

tives of American medicine and American surgery, who stand upon the line, who constitute the army behind the fighting men, and who today and every hour and minute of the day, are wrestling with death and conquering death, I believe that they are equal to 150 fighting men. I believe that the Germans in that instance are right. And, when I say that, gentlemen, I apply it to this situation simply to show the spirit in which we bid you welcome to our city, and the estimation in which we hold you. If there is anything in the world that we can do that will add to your pleasure and enable you to carry away happy recollections of your trip, we will be glad to do it, and will be very glad indeed to hear from you. I thank you.

President: We will now have a response in behalf of the Arkansas Medical Society.

Dr. G. A. Warren:

Mr. President, Members of the Arkansas Medical Society, and Visitors:

Mr. Frierson dropped a thought that is worth carrying home, and I don't know that it is overdrawn. In making this response, I suppose I am to tell what the visiting doctors are capable of enjoying, and tell the local doctors what they may prepare or have in readiness for our entertainment. Fifteen years ago, the first day of May, we were entertained by your citizenship. While Dame Nature made it cool for us, by sending a killing frost, yet your people gave us a warm time, one that we shall ever remember, and we feel sure that this meeting is going to excel that one by odds. The majority of the doctors here today were here then, and their capacity for enjoying a good time has increased in proportion to their gray hairs, or, in some instances, their absence of hair. As the poet aptly said, the tree of deepest root is found least willing to quit the ground, it was therefore said by our ancient sages that the love of life increases with years. So much so that in our later stages, when pains grow sharper and sickness reduces, the greatest love of life appears.

Now, I must speak a word about our capacity for enjoyment. Mr. Frierson has said that the Germans make us equal to 150 fighting men. Our capacity for enjoying a good time is just about equal to 150 ordinary men.

Now, a few days ago Dr. Jackson called me up on long distance telephone, and he thought that I would question probably some of his remarks or probably be in line of at least doubting, and he called me up to come down here, and when I came, we got in a car and motored down to Lake City, over one of the most promising countries that the world has today, and which all belongs to Craighead County and Arkansas. The possibilities of that country are just in proportion to the possibilities of the people of this community to entertain us. Some of you may doubt the veracity or the intention of what Dr. Jackson and Mr. Frierson said, but I want to say to you in all seriousness that I know. They have shown me. Shakespeare said: "The man who does not love music, whose soul is not moved by the concord of sweet sounds, is fit only for treasons, stratagems and spoils. Let no such man be trusted." And I say to you, in this time of Hooverizing, patriotism and poverty, if you wish to say, that the man who does not love fish and cornbread and enjoy it all now and elsewhere, well, I won't say. I might have said a little stronger term, but at any rate he is a fit subject to be tried under the late sedition law that was passed by the United States Senate, and be dealt out penalties that have been inflicted recently upon pro-German sympathizers. Now, as to the details of that, Dr. Hughes could give it to you, as to just what it means, what it is and what to expect.

So, again, I want to say that we are fully expecting, and those of you who haven't been so may take it from me, that we are going to realize to the full our expectations, and we want to show to the Jonesboro people and the Craighead County Medical Society, that our capacity, while it may not be equal to 150, is up to the full capacity, and we are going to enjoy it. I thank you.

President: Vice President Ellis will have charge of the meeting, while I read my address.

(President's address will be found on first page.)

Vice President Ellis: I appoint as Committee on President's Address, Drs. Earle H. Hunt, A. G. Harrison and L. P. Gibson.

On motion, the General Session adjourned, and the meeting was turned over to the Scientific Session.

HOUSE OF DELEGATES.

LAST DAY.

The House of Delegates was called to order by Vice President Ellis at 9:00 o'clock a. m., there being a quorum present, after roll call.

Secretary: I have the following telegram:

"Greetings and all good wishes. Hope you are having a great meeting. Much of the credit for the success of

our Memphis meeting last November falls to the Arkansas doctors. We are counting on your help to make our meeting this November a great success.

"Southern Medical Association."

Secretary: There were some reports passed from the other day. The report of the Board of Visitors to the University of Arkansas, Medical Department.

REPORT OF VISIT MADE BY COMMITTEE.

Personal examination of the school and its teaching facilities was made, the examination consisting of investigation of the curriculum and schedule of hours assigned, the number of hours required and the number of hours filled by the various teachers; investigation of the laboratories, the character and amount of work done in the Hygienic Laboratory of the State Board of Health, which is part of the Department of Pathology and Bacteriology of the Medical School; inspection of the new Isaac Folsom Clinic Building, the facilities for dispensary teaching, and the new isolation hospital. Examination disclosed the fact that because of the unprecedented cold spell in January, during which time there was a complete collapse of the heating plant of the school, due to low gas pressure, for thirty days it was impossible to carry on the lectures and clinics with any regularity. This unfortunate predicament caused an increase in the number of unfilled hours by the clinical professors, over previous years. This is further augmented by the large number of teachers who have joined the Medical Reserve Corps and gone into service, which has reduced the number of clinical teachers of the faculty to a point where it has been necessary for some of the professors to perform double service. We were assured by the faculty that the required number of hours would be given before the close of the school. It appears also that the number of hours of instruction offered by the school shows 4626, while the A. M. A. requirements are only 4000; which gives a margin of 15%. Therefore we may assume that the required number of hours will be reached before the close of the present session.

The teachers called to active duty in the Medical Reserve Corps are Drs. Bond, Day, Dashiell, Falisi, Fletcher, Floyd, Fly, Fuller, Gann, Harris, Higgins, Hinkle, Jobe, Kory, Lee, Mumey, Rose, Snodgrass, Strauss, and Vinson-haler.

Students enrolled, 56; Freshmen, 18; Sophomore, 6; Juniors, 6; Seniors, 23; Special, 3.

BRANCHES TAUGHT.

The curriculum is administered under seven divisions:

1. Anatomy. Histology and Embryology.
2. Chemistry and Physiology.
3. Pathology, Bacteriology and Hygiene.
4. Pharmacology, Materia Medica and Therapeutics.
5. Medicine and Medical Specialties.
6. Obstetrics and Gynecology.

Number Teachers, 56; detailed to U. S. Army, 20; now on duty, 36.

There seems to be a spirit of co-operation between the Medical School and the City Hospital and this community of interest and good fellowship bids fair to increase from year to year.

The new Isaac Folsom Clinic is a distinct addition to the clinical facilities of the school and is a four-story structure, with general dispensary on the first floor and operating rooms on the fourth. The second floor is at present occupied by medical and the Military Social Welfare Workers of the United States Government and is now being utilized as an isolation and detention hospital for venereal diseases in female prostitutes. The cases admitted are used for clinical teaching. To meet a military emergency and in order to protect the soldiers of Camp Pike against infectious and contagious diseases the Medical School tendered to the U. S. Public Health Service the old Medical School building for an isolation hospital. When it is remodeled and made into wards it will have a capacity of about one hundred beds. The clinical cases admitted to this hospital will also be available for teaching purposes.

Your committee also visited the laboratories where satisfactory progress and a high grade of efficiency seemed in evidence. Very interesting research work is being prosecuted in the various departments. Among other things we were shown the results of tests of the relative toxicity of cigarette, cigar and pipe smoking; effect of alcohol on the secretion of bile and the pancreatic juices; the action of drugs on the vagus center in the medulla; bifurcation of the seventh cranial nerve, etc.

The records of the Hygienic Laboratory, where work for the State Board of Health is done, show that during the present session over 1700 specimens were examined, more than 300 of which were for diphtheria and nearly 200 meningitis. Of the diphtheria 81 were positive; and the meningitis 41 were positive. Eighteen hundred doses

of anti-rabic treatment have been administered during the present term.
(Signed)

M. L. NORWOOD,
E. E. BARLOW,
E. P. McGEHEE,
Committee.

Dr. Barlow: Personally I haven't been to this school, for, I guess, ten years, but I must say there is a vast improvement from the time I visited that school last up to the time I visited it in the latter part of April. I put off that visit until towards the meeting of the State Society, so that we would be able to secure as much data as possible.

On motion, the report was adopted as read.

Dr. Norwood: As chairman of the Committee on the Prevention of Typhoid Fever and Malaria, I will state that I have been unable to get the committee together, and, if it is in order, I would like to make a motion that that committee be continued; not the personnel, but as a committee, and that a new committee be appointed on that subject. If it is in order, I would like also to include in that motion that this society, being flush as it is, appropriate the sum of \$250 to pay for the necessary printing and postage to make that committee's work effective. I know in the past we never had an appropriation to make the work effective. These cities have had the benefit of the clean-up of the U. S. Public Health Service, like Little Rock, and, after all has been said in the papers in general, you think this work is not necessary, but it is highly necessary in the country districts, and preventive medicine is the order of the day, and the only way to prevent it is to teach it to the people, and the only way is by furnishing money, and it would not be right and fair to expect any committee to go down in their pockets and spend the necessary money to make this committee's work effective. Therefore, I make a motion that a new committee be appointed, and \$250 appropriated to make their work effective.

Seconded.

Dr. Mann: I would like to amend that motion of Dr. Norwood's, that the chairman of the Board of Health or the Secretary of the Board of Health be the chairman of this committee, and that will eliminate the expense of \$250.

Dr. Norwood: On the face of it, that would look like it was the thing to do. He has so much public health work and other matters on his hand, that I don't believe it wise. His hands are full of everything else, and then the Board of Health has no money of its own to do it with. They would have gladly done it, had they had the money. I insist on the original motion.

Dr. Mann: My point is this: I think there ought to be a committee. But, as the Board of Health has this whole matter in charge anyhow, and will be more familiar with malaria and typhoid fever and its prevention than anybody else, the chairman of that committee, whether \$250 is appropriated or not, should be a representative from the Board of Health.

Seconded.

Vice President: We will take a vote on the amendment to Dr. Norwood's motion first. State your motion again.

Dr. Mann: My motion is that, since the Board of Health is more familiar with the work and the needs of Arkansas, and knows more about malaria and typhoid fever, that the chairman of this committee, be the secretary of the Board of Health.

Dr. Norwood: I will accept that amendment to shorten the thing.

Dr. L. T. Evans: Does that cut out the appropriation now, if you accept that?

Dr. Barlow: Is Dr. Garrison in the house? He might have something to say about that.

Vice President: State your motion, Dr. Norwood.

Dr. Norwood: That this committee be continued; the personnel of the new committee to be appointed by the incoming president, and that the secretary of the State Board of Health be a member of that committee, and that the sum of \$250, or such part thereof as may be necessary, be appropriated to sustain this committee. Carried.

Vice President: The next is the report of the Committee on Necrology.

Dr. Mann: I wish to state that I have no report to make at this time. I am very sorry that I haven't any, but I have been out of the State for a week or ten days, and I didn't get the assistance in time to get the full report; but I feel like this is an important committee, and it should be continued.

Secretary: I move that the same committee be continued for next year. Seconded.

Dr. Barlow: Dr. Mann said he could get up a report, and have it published in the Journal. Why not have that done?

Secretary: That's all right. We can continue the committee, though, and then get it up and send it in, and let it go in as part of the proceedings. You can do that in the next week or ten days?

Dr. Mann: Yes.

Secretary: These proceedings will not be printed until the June Journal. The May Journal is already in press.

Carried.

Secretary: We have five amendments to be voted on at this time. The first one is that of Section 2 of Chapter IV. Said section is as follows:

"Each component county society shall be entitled to send to the House of Delegates each year one delegate for every 25 members, and one for each major fraction thereof, but each component society that has made its annual report and paid its assessment as provided for in this Constitution and By-Laws shall be entitled to one delegate."

It is proposed to strike out all of that section following the word "provided" and insert the following:

"Provided that its annual reports and assessments are in the hands of the secretary 30 days prior to the annual meeting. Each component society, however, regardless of its number of members, which has complied with this section, is entitled to one delegate."

This proposition of so many county societies sending their report with their delegate, when he comes to the State meeting, simply demoralizes our report, and demoralizes our entire meeting and everything else, and if there is anything that should be adopted, it should be this proposed amendment to this section.

Dr. Norwood: I move the adoption of the amendment as read.

Seconded. Carried.

Secretary: The next section is Section 3, Chapter VII. It is proposed to strike out the last ten words, "and its decision in all such matters shall be final." Which would leave the Council not as the supreme court, but leave it absolutely to the House of Delegates to pass on.

Dr. Bathurst: You can take such matters to the A. M. A.

Secretary: It permits an appeal to the judicial council of the A. M. A. if this is cut out. Now, any action that takes place, you appeal to the Council of the Arkansas Medical Society, and that is your court of last resort. If these ten words are eliminated, you will have the right to appeal to the judicial council of the American Medical Association.

Dr. Bathurst: The American Medical Association is the supreme court?

Secretary: Yes.

Dr. Mann: I make a motion that these ten words be cut out, so as to allow the members of the society

to appeal to the American Medical Association, if they so desire.

Seconded. Carried.

Secretary: The next change is in Section 8, Chapter IX. At the conclusion of the section, after the words, "into whose jurisdiction he moves," add "and this request must be made within twelve months." In a number of instances we have men that belong to one county society, and have lived in another county ten years, and pay their dues to that county society to which they formerly joined, and do not transfer or become a member of the county society of the county in which they live. There is one instance in Arkansas that I know of, where a man has belonged to the Pulaski County Medical Society for 10 years and lives in another county.

Dr. Harris: And, just the opposite. One lives in Pulaski County, and has membership in the Saline County Medical Society.

Dr. Caldwell: I move the adoption of the amendment. Seconded.

Dr. Clegg: Does that mean, if he moves from one State into another, that he can transfer?

Secretary: If he lives in Arkansas and moves to Missouri, he can't be a member of the American Medical Association for more than one year after he leaves the State. If he continues to pay his dues in Arkansas, and he lives in Missouri, the American Medical Association will not recognize him after one year, as a fellow. This just simply makes a man change his membership into the county in which he lives.

Dr. Douglass: You have to consider whether it will be a good thing. For you withdraw from Franklin County some useful members who live in Johnson County; they belong to our society because it is much more convenient for them to attend our meetings.

Secretary: That is provided for. If any man, who lives in an adjoining county, finds it more convenient to attend the county society in that county, he can do it, but it is the fellow that it is not convenient for him. It is provided for in the Constitution.

Dr. Warren: There is a question in that. Suppose this man who is transferred from another county should be rejected from that county society? Then what? He is in good standing in the society of the county from which he moves.

Secretary: You can't reject him under this.

Dr. Warren: You force him into it. I don't believe that's a good idea.

Dr. Harris: Out of order.

Motion carried.

Secretary: The next change is Section 5, Chapter IX, the proposed amendment being that we omit the following words, beginning in line 6: "who is a graduate of a reputable medical college."

Dr. Hunt: I make a motion that we accept the amendment. Seconded.

Dr. Harris: I object. I said the other day we can't get these men in the army. They have no standing in the army at all. He is not a graduate of a reputable medical college. What are we going to have in this society, if we have a bunch of fellows in here who are not graduates of a reputable medical college? I can see what's going to happen to it. I can see the intent of all this. I have watched it for a long time. I can't give my support to it. We are trying to build up a medical school in this State, and have men of good education, who are graduates, and if these men who are not graduates, will show the proper spirit and go on to school and graduate, and then join the society, that is all right.

Dr. Norwood: This amendment has been proposed year after year for a good many years. I have always opposed it until last year. I see more necessity

for it now than ever before, for the reason that he mentions. Half, or more than half of this medical society, who are eligible to go into war service, will be there. For that reason, more than ever, we want to take care of these undergraduates who are going to look after our families. (Applause.) Many of them are honest and conscientious, and for that reason we ought to admit them. He put up the best argument for it that I have ever heard. And, we need them now.

Dr. Mann: Perhaps I have had an opportunity to observe more the working of this law, as it worked for a long time in the Arkansas Medical Society, and also its workings in the Texas Medical Society. Now, when this question first came up a good many years ago, I wrote the editor of the American Medical Association, and asked him if the State of Arkansas had a right to admit physicians into its society who were not graduates, and he said that they did have. And Texas took these men over many years ago. Now, the most enthusiastic workers for increased medical education, for legislation to help put medicine on a higher plane in Texas, have been the undergraduates. The men in this State, who will get at the wheel and help more and learn more from the meetings of this society in the future, will be its undergraduates. Now, gentlemen, I am going to give you one illustration, and some people think I am a crank on this subject. I know of a practitioner at Gillham, Ark., who feels like he is an outcast in his own State. But, this man has joined the Tri-State Medical Society of Arkansas, Louisiana and Texas, because they took him in. They have taken him in. Now, that man is in the society's meeting every year. He is profiting by the meetings; he is learning; he is doing the very best that he can, as far as his ability goes, in the practice of medicine in his community. And, gentlemen, you know 25 years ago what the medical college was. Now, those graduates of 25 years ago haven't got very much to boast about, whether our diploma hangs on the wall or not. Because, you know very well, and I know, too, that many of us had a two years' course, and one course was just like the other one. You had the lectures. And for a man who had a medical education of that kind to sit back on his dignity of the medical profession and talk about the undergraduate who happens not to graduate, but took a one year's course, or something like that, has not got very much on that fellow. And this society can be a great educational factor with those men, and, gentlemen, we need legislation. We need so much, in this State, and we need all the help we can get. Will you excuse me for saying these few words? (Applause.)

Dr. J. T. Palmer: Another thing, that wasn't brought out. This State society has kept some of these men shut out for years. Some of them are good men. They feel like they should be affiliated with us. Now, we have worked on the feelings of these undergraduates, by not allowing them to come in, until we have created among them a strong opposition to organized medicine. And, if these men are taken in, that ill feeling will be banished.

Dr. Hunt: I was surprised when we started the discussion on this. I thought we settled it last year at Little Rock. The House of Delegates all voted. Just the reason they didn't pass it was because it wasn't constitutional for them to vote last year. The Council recommended that this pass. As I stated last year, in our Johnson County Medical Society, we have had some undergraduates, who have been members and paid their dues; we put them over, and they have been members for years. We have an undergraduate who was a delegate to the Arkansas Medical Society when they met in Pine Bluff. You remember how long ago that was. And this particular member is the most loyal member in the

Johnson County Medical Society, and he is as loyal as any other member in the State of Arkansas. And, he is a well posted fellow. But, he wasn't fortunate to get that course that Dr. Mann mentioned. We need those fellows. Since the last meeting we have taken in another undergraduate, and we took him on my statement, and the statement in the Journal of what the House of Delegates did in Little Rock last year and the recommendation of the Council. As Dr. Norwood says, we need those fellows now more than ever, and we can help them, and they really can help us in a lot of ways, because we are going to have all of them with us, and the nearer we have those fellows under control the better.

Motion carried.

Secretary: The next change is in Section 3, Chapter VI. This simply wants to increase the treasurer's bond to \$3,000, and the next section, the secretary's bond, which is \$1,000, shall be increased to \$3,000. I will state that Dr. Bathurst and I have both been under \$3,000 bonds.

Dr. Caldwell: I make a motion that the two amendments be adopted.

Seconded. Carried.

Secretary: The next is Section 3, Chapter V. As it now reads:

"The report of the Nominating Committee shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session."

It is proposed to insert "evening" in place of "morning."

Dr. Caldwell: I make a motion that the amendment be adopted.

Dr. L. Kirby: Suppose you want to get through in the morning. Then you can't do it. You have to wait until the afternoon before we can go home.

Dr. Mann: I want to amend that motion, that the report of the Nominating Committee shall be received as the first order of business at the last meeting of the House of Delegates that year.

Dr. Caldwell: This can't be adopted. We can't change this amendment now; we either have to adopt it or turn it down, one of the two things.

Dr. Cargile: Usually after the election, there is a stampede, and we have but few left, and I am afraid any paper or business to be transacted after that time will fail by reason of the few people present.

Secretary: I will state that's probably the reason this was offered. The House of Delegates will meet in the morning and complete their business, and then they all leave. In the afternoon session of that day, there is nobody to hear the papers read.

Carried.

Dr. Harris: Can't you postpone this until the next meeting, and not have it at this time?

Secretary: It does not apply at this meeting.

Dr. Clegg: I will read the Report of the Council:

REPORT OF THE COUNCIL.

The Council was called to order by Dr. Clegg. Present: Kirby, Cleveland, Bathurst, Jones, Cothorn, Rightor, Lemons and Hunt.

Received reports from Dr. Bathurst, editor of the Journal, and from Dr. Meriwether, Secretary.

Dr. Rightor moved, and it was seconded, that the Council appropriate \$300 a year for the stenographer for the editor. Carried.

Council recommends that a war committee of the Arkansas Medical Society be appointed from members of the State Committee on National Defense.

Council authorized the Secretary of the Arkansas Medical Society to utilize the additional services of a stenographer that would be needed, by virtue of the war work that he is doing, and present his bill to the next meeting of the Council.

Council allowed the Secretary for postage, \$61.00; for stenographer, the usual \$125. Editor, \$62.50 for postage, etc. Secretary's honorarium, \$500. Editor's honorarium, \$500. Expenses of Councilors: Kirby, \$29.50. Cleveland, \$12.22; Lemons, \$4.00; Hunt, \$9.12; Clegg, \$34.00.

Council earnestly requests the secretaries of the county societies to use the blanks furnished by the secretary of the Arkansas Medical Society in making their reports.

J. T. CLEGG, Chairman.

H. H. RIGHTOR, Sec'y.

REPORT OF AUDITING COMMITTEE.

We, your committee appointed to examine the books and accounts of the Secretary and Treasurer, beg leave to report that we have carefully audited the same, and find that the accounts have been properly kept and all moneys properly accounted for.

Very respectfully,

H. H. RIGHTOR,

J. C. CLEVELAND,

J. M. LEMONS.

Committee.

Dr. J. W. Melton: I move its adoption.

Seconded. Carried.

Vice President: We will have the report of the Reference Committee.

Dr. Harris: We haven't made a written report, but looked over the various reports. The consensus of the committee is that they be inscribed and filed in the records of the Journal, and the recommendations as set forth in the papers be followed; the President's report, Dr. Garrison's report and Dr. Caldwell's report. We want to thank them very much for making these reports.

Dr. Kirby: I make a motion that the report of the committee be received and adopted.

Seconded. Carried.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

Your committee to whom was referred the annual address of the President beg leave to submit the following report:

While commending the address as a whole, we especially emphasize the importance of the subjoined subjects:

1. The immediate demand for medical men in our army service.
2. The enactment of a law creating one State medical examining board.
3. Sanitation and preventive medicine.
4. The condition of county medical societies.
5. More energetic support of our Medical Journal.
6. Laboratory diagnosis, with fee-splitting.

Your committee suggests that our Society should make the effort not only to uphold and raise higher the standard of medical education in general, but also to have boards of examiners among the different specialties, who should examine and license all those who assume to practice these respective specialties.

EARLE H. HUNT.

L. P. GIBSON.

Dr. Bathurst: I move its adoption.

Seconded. Carried.

REPORT OF COMMITTEE ON INFANT WELFARE.

We, your Committee on Infant Welfare, beg to report as follows:

Your committee has been unable to have a meeting, however, its chairman and individual members have put through strenuous efforts for the betterment of infant welfare throughout the State. We have, through them, by means of correspondence, kept in touch with a number of organizations, and in recent weeks have made special effort to enlist all the co-operation possible in response to the Nation's call for a universal campaign for the reduction of infant mortality. Your committee is urging organizations throughout the State to co-operate with the various County Councils of Defense in carrying on an active campaign throughout the year.

We recommend as a substitute for Baby Week that a Rally Day be inaugurated throughout the different counties at various localities for the purpose of stimulating and enlisting co-operation in the movement which should be carried on throughout the entire year. This plan has already been adopted in Union County, and we believe that a number of other counties have also taken up the plan.

We respectfully urge that all members of the Arkansas Medical Society co-operate with us in furthering this movement in their respective localities.

The Committee is also urging, through correspondence with the various county medical societies, that each med-

ical society in the State adopt one or more fatherless French children. Your committee has just begun this correspondence and will endeavor to enlist the co-operation of all county medical societies.

Your committee especially recommends that all members of the Arkansas Medical Society should at once see to it that the County Council of Defense have one of their physicians who will promise active service, as member of the Executive Committee of the County Council of Defense designated as Sanitary Director, and that the Woman's Department of the County Council of Defense, through a proper committee, enter actively into the campaign for the reduction of infant mortality, weighing and measuring the babies throughout their respective counties.

Respectfully submitted this 6th day of May, 1918,
H. H. NIEHUSS, Chairman.

Dr. Kirby: I want to offer a resolution. I haven't written it. I don't know how to write it. It is, that this society heartily endorse the Owens bill and request our Congressmen and Senators to support the same, granting like privileges to the volunteer medical reserve corps, as are now given to the regular army, in the promotion of men in its ranks to offices higher than that of major. I make a motion that the resolution be adopted.

Seconded. Carried.

REPORT OF THE NOMINATING COMMITTEE.

For President—Dr. G. A. Warren, of Black Rock; Dr. E. F. Ellis, of Fayetteville; Dr. J. C. Cleveland, of Bald Knob.

For Vice President—Dr. P. H. Phillips, of Ashdown; Dr. H. H. Rightor, of Helena (not eligible, as he is a Councilor); Dr. R. Y. Phillips, of Malvern.

For Secretary—Dr. C. P. Meriwether, of Little Rock.

For Treasurer—Dr. W. R. Bathurst, of Little Rock.
Delegate to the American Medical Association—Dr. C. P. Meriwether, of Little Rock. \$100.00 expenses allowed.
Councilor Second District—Dr. O. H. T. Johnson, of Batesville.

Councilor Fourth District—Dr. J. M. Lemons, of Pine Bluff.

Councilor Fifth District—Dr. L. L. Purifoy, of El Dorado.

Councilor Sixth District—Dr. Don Smith, of Hope.

Councilor Eighth District—Dr. Robert Caldwell, of Little Rock.

Councilor Tenth District—Dr. W. H. Mock, of Prairie Grove.

Place of Meeting for next year—Searcy, Little Rock.

Submitted by Dr. R. E. Bradsher, on behalf of the committee.

Dr. Clegg is in the chair.

The House of Delegates proceeded with the election of President.

On the first ballot, Dr. Ellis received 22 votes, Dr. Warren 13, and Dr. Cleveland 7. Dr. Ellis, receiving a majority of all votes cast, was declared elected to the office of President for the ensuing year.

Dr. Pelton: I would like to make a motion that the election of Dr. Ellis be unanimous.

Seconded. Carried.

Dr. Cleveland: I desire to thank my friends who so unexpectedly to me presented my name before this body for the highest position in the gift of the Arkansas Medical Society. It was at least unexpected on my part that my name would be presented. I feel very grateful; although defeated, I feel honored. I would further state that I want every man who voted against me to feel that I have nothing but the kindest feelings for him. I don't feel the least bit sore, for I believe that every man in this House of Delegates has the best interests of this society at heart.

Dr. Harris: I move that the rest of the report of the Nominating Committee be adopted and voted on as a whole.

Dr. Melton: We have the place of meeting.

Dr. Harris: I mean the rest of the report in reference to the officers, except the place of meeting.

Seconded. Carried.

Dr. Hunt: I make a motion that we meet in Little Rock next year.

Seconded. Carried.

Secretary: As there is nothing more before the House of Delegates, I move you that the House of Delegates adjourn, and immediately after the adjournment, we go into the General Session, and install the incoming officers.

Seconded. Carried.

GENERAL SESSION.

LAST DAY.

Dr. Clegg took the chair.

Dr. Clegg: I will appoint Dr. Cleveland and Dr. Cothern, as Dr. Warren is not in the room, to escort the newly elected president to the chair.

Dr. Ellis: Words are rather inadequate to express my appreciation for this, your gift, to the highest office in the Arkansas Medical Society. My efforts will be renewed to build up organized medicine, and I trust that my official capacity and work will be such that it will receive the approval of the entire society. (Applause.) If Dr. Stroud is not in the building, I wish Dr. Clegg would preside.

Dr. Clegg: Are there any resolutions that might be offered?

Dr. Norwood: I move that the Arkansas Medical Society extend its thanks to the citizens of Jonesboro, and the Craighead Medical Society for courtesies shown us during this meeting.

Seconded.

Secretary: I would like to suggest adding to that the hotels, railroads and newspapers.

Dr. Norwood: Everybody connected with it.

Carried.

Dr. Kirby: Lake City should have been put in.

Dr. Clegg: We will accept any amendment.

Dr. Lutterloh: A resolution adopted yesterday in a committee meeting was that the Arkansas Medical Society express its appreciation and thanks for the visit of Surgeon General Blue, Major McLean and Lieut. Col. Pierce for having come to this State and helping us in making this a very successful meeting. I make a motion that that resolution be adopted by a rising vote.

Seconded. Carried.

On motion, the General Session adjourned sine die.

PUBLIC SESSION.

JONESBORO, MAY 8, 1918, CITY AUDITORIUM,
8:00 P. M.

Dr. C. W. Garrison, State Health Officer, presiding.
Mr. Virgil Pettie, President Arkansas Bankers' Association:

Mr. Chairman, Ladies and Gentlemen:

I don't know, my friends, just why, in ceremonies of this kind, the program committee always feels that it is necessary for some local man to introduce the prominent guests or visitors upon these occasions. So, I will not attempt this evening to inflict myself upon you, as a good friend of mine recently did, when I was billed to make a Liberty Loan speech. He said, "Now, before introducing the gentleman who is to talk to us this evening, there are just a few remarks that I want to make," and he talked for 20 or 25 minutes, and, when he had finished, I didn't have anything to say, because it was all said.

The gentleman who is to address us this evening is, as you know, an honored guest, a man who has a reputation all over this country as a leader in his work; a man to whom credit is given for having stamped out the bubonic plague in San Francisco after the great earthquake; a man who today has actually put the Health Service of the United States Government until it means a live, a throbbing and efficient thing.

I am told that his name upon the Pacific coast is that of a leader throughout the world in his chosen work. As you know Gen. Gorgas is the Surgeon General of the Army, and Gen. Braisted is the Surgeon General of the Navy; but the gentleman who is to talk to us now is the Surgeon General of the People, and his position, together with the other two Surgeons General of the Army and Navy, is created by special acts of Congress.

It is my great pleasure and privilege this evening to introduce to this audience one of the foremost men in this service in the world, the Hon. Rupert Blue, Surgeon

General of the Public Health Service of the United States. (Applause.)

Surgeon General Blue:

Mr. Chairman, Ladies and Gentlemen:

I want to express my deep appreciation to the officials of the Arkansas Medical Society for the compliment paid me in inviting me to attend their annual meeting. It is a great pleasure for me to visit this State, and I shall take back with me pleasant memories of its loyal and patriotic citizens.

Since I have been in this State, I have seen some of the most touching demonstrations of patriotism. A boy came to me the other day, about that size (indicating) and said, "Mister, are you going to France?" I said, "No, my son, not just yet." He said, "Well, if I was as big and fat as you are, I would go on the next train." While I am not very sensitive about my size or my weight, I thought that was very commendable.

Now, my friends, I shall bring to your attention tonight a few of the problems which confront our Nation. If you are in a position to assist in solving them, I beg of you by all means to do so. My subject tonight is, "War and Sanitation." (Printed under original articles in front part of this issue.)

Dr. Garrison:

Out of every war has come some great good to humanity, and I am thoroughly convinced that one great good that will come out of this war will be a more intelligent understanding of the fundamental principles of public health and sanitation. Surgeon General Blue has very clearly and forcefully submitted to you the needs of the civil population during this great strife.

We also have with us a gentleman of distinction, who will submit to you the medical needs of our Army and Navy, and I wish at this time to call on the secretary of the Arkansas Medical Society, Dr. Meriwether, to introduce the speaker.

Dr. Meriwether:

Mr. Chairman, Ladies and Gentlemen:

I feel very much in the same attitude and position of, I think the noblest patriot of the South, a few years ago when he visited New York. I mean that the only man twenty years after the War of the Rebellion that admitted that he was a private in the Confederate Army, John Allen, of Mississippi. A few years ago he was invited by the American Bankers Association to address them in New York. He had promised himself that if he ever had an opportunity and sufficient funds, he would stop at the Waldorf Hotel. He went there and registered. They were looking for him. They said, "Why, yes, Mr. Allen, we have your suite of rooms already prepared for you." When he went up he was ushered into a suite of rooms, a parlor and private dining room, and he said to the negro, "This is quite a nice quarters you have here for me." He says, "I guess this will cost me about eight or ten dollars a day." He said, "Boss, this is going to cost you \$75.00 a day." He said after the negro left, he looked through his purse and found that he had sixty dollars. He went down and went to the telegraph office and sent himself a telegram. He says, "Uncle John. We learn you are in the city. If you don't come out and stay with us we will never forgive you, Mary." He went back and told them that he would have to go and spend the time with his niece. The clerk said to him, "Well, we are very sorry, Mr. Allen. The American Bankers Association has engaged this suite of rooms for you for four days." He went out and kicked himself, but didn't go back; he went out and engaged a \$1.50 a day room.

Now, I am in the same position tonight that Private John Allen was in New York, when I was called upon to introduce the gentleman who will speak to you. It is a pleasure to me, but I feel like I am placed in a very bad attitude by being called upon.

The medical profession of America is called upon at this time to raise seven thousand men for the Army. Arkansas' quota is 300. We have with us Major McLean, of Washington, who will tell you of our needs, and tell us how we are going to get them. I have the great pleasure of introducing to you Major McLean, of the War Department of Washington. (Applause.)

Major John D. McLean, M. R. C., Council of National Defense, Washington, D. C.:

Mr. Chairman, Members of the Arkansas Medical Society, and Ladies and Gentlemen:

I should have started by saying, "Ladies" first, because it is to the ladies that I am going to talk tonight. I am not going to give you a patriotic address. It is not necessary. Patriotism is rampant all over this land. Let me take this opportunity, however, of saying that this is not the first time I have been in the South. I was in another part of the South only a few weeks ago,

and I found very decided evidence that the South is extremely patriotic. (Applause.)

Now, just why have I come down to Arkansas? Gen. Blue said he thanked you for his invitation. So do I. I hope, after I leave the message with you, that you won't feel like saying, "I wish that he had not come."

This is the message. I am going to bring it to you in the nature of questions and answers, because the time has arrived when the doctors—no, not the doctors—alone—but the wives and the mothers and the daughters are asking the questions, and I am going to answer those questions. I am going to answer the questions that you have talked over with your husbands and with your sons. Then, I am going to ask the women folks of Arkansas to say to these doctors whether they should or should not serve, and serve now.

Now, what are these questions? The first question that naturally arises is, How do I apply for a commission in the Medical Reserve Corps? You notice the wording of that question? How do I apply? And, remember, the men in this audience are asking that question, because there are men in this audience who are going to apply for commissions in the Medical Reserve Corps, and are going to do it soon. How is it done? Write a letter to the Surgeon General of the Army or Navy of the Council of National Defense in Washington, and you get all definite information.

What is the character of the examination? A stumbling block to many men? Fill out the application form supplied by the Army or the Navy; submit yourself to a physical examination and to a professional one. Now, there is the stumbling block. What do you mean by a "professional examination?" Does it mean sitting down and answering a lot of questions in chemistry, physiology and pathology, when it was taught to us 20 or 25 years ago? We could not answer it today. We can answer in regard to practical medicine, and that is just what is wanted in the Army. Practical medicine. Any man who is a graduate of a good medical school, and has been practicing medicine, and licensed to practice, will be admitted into the Medical Reserve Corps, and that's what this examination is.

Now, here is one for the wives and mothers. What provisions are made for myself and family in the event of injury or death? You might say that is a harsh question. And, yet it is a harsh question. But, it is a question that comes home to every one of us. In this war the doctors are exposing themselves to injury and death, just the same as they do when they go into the sick room. You wives and mothers, when the husband and father went out into a case of contagious disease, diphtheria or smallpox, with the little folks at home, haven't you many times wondered if the doctor was ever going to bring it back to the little folks? That it has not come back to the little folks many times has been due to that very efficient service rendered by the Public Health Service in Washington.

What happens to the doctors abroad? Are they exposing themselves? Are they out on the fighting line? Now, I am telling you facts. I am not keeping anything back. That is just where they are. In the treatment of the boys in the trenches, in injuries, we have found that the early treatment is the thing that saves that boy's life, and the only place that early treatment can be given is where the shells are dropping, and the doctors are working with the steel helmets on their heads, and they are subjecting themselves to the shells.

But, what provision is made? An excellent provision. It is made in the war risk insurance act. It is too long for me to go into it in detail, but there is a pamphlet here that describes it in full. Dr. Meriwether has quite a number of them, in the nature of questions and answers. It tells just what Uncle Sam will give to the doctor who is injured, or give to the family in the event of death.

What will be the cost of equipment? The cost of equipment will be about \$250. A doctor cannot equip himself for less than that; that is, in the Army. The Navy is a little more liberal. The Army provides no money for equipment. The Navy provides \$150, and the equipment costs about that much.

I want to stop answering these questions for just a moment, to say something in reference to the doctors who come in the Corps. In looking over our records, we find that, up to the age of 31, a great many doctors have applied for commissions. From 31 to 38, there is a very decided gap, and from 38 to 55, then, there is a greater gap? Now, why is there a gap between 31 and 38, just at a time when you think the man is the most useful in the service? Why is the gap? I heard a man stand on the platform one day and call those fellows slackers, and I tell you, it made my blood boil. Between 31 and 38. They ought to be in there. Why aren't they in? Because they haven't \$250 for equipment, and because they haven't \$250 more to keep that family for the first month, when Uncle Sam doesn't pay them. Go back to those days when you were between 31 and 38. Did you have a bank account to fall back upon? That is the problem of the man between 31 and 38. He is not a slacker. He hasn't the money, and he hasn't the courage to go and borrow it. Now, why do I say this? Because, if there is some one in this audience who knows of a young boy at that age, whom he thinks ought to be in

the service, think for a moment that this is the reason he has not gone into the service, and go to him and offer him the \$500, and you will get it back. But, don't blame him for not coming.

What is the time allowed for reporting for duty, after orders are received? 15 days.

Suppose you are admitted to the Corps. What should you do, when you have a notice sent to you that you have been recommended for a commission? Now, remember this, "Recommended for a Commission." The Surgeon General asks you to accept that commission by writing a letter to the Adjutant General of the Army, stating that you accept the commission at whatever the rank might be, in the Medical Reserve Corps. Notify that Surgeon General that you have done that, and ask the Surgeon General to call you into immediate service, if you want to. And, then go on and practice medicine until you get your orders. For goodness sake, don't stop the practice of medicine until you get your orders. That has been the embarrassing thing of too many young men in every State in the Union in months gone by. They felt that they were going to be called in a short while, and haven't been called, some of them, for five or six months. You will have at least 15 days to settle up your affairs at home. If you want a little more time, ask for it. I don't say you will get it, but ask for it, anyway. The chances are you will get it.

What will be the character of the service? It really will be any service that the Surgeon General asks you to do. But, as far as possible, they assign a man to the thing that he has been trained to do. I wish I had time to tell you lots of stories of the men who have gone into the service, and haven't been assigned to the service they thought they could best do; how pleased that they didn't get that assignment, but got something else.

For what length of time is the man to volunteer? In the Army, five years.

Now, the important question: What pay do the officers receive? A First Lieutenant gets \$2,000 a year; a Captain, \$2,400; a Major, \$3,000, plus 10 per cent for foreign service. The President just signed a new bill a few weeks ago, that means that any man in the service, in the field, who has a wife or family or dependents at home, if he is a First Lieutenant, will get in addition to \$2,000, 432. a Captain, \$576, in addition; a Major, \$720. That means that the full pay for a man in the field, who has dependents at home, is as follows: First Lieutenant, \$2,432; Captain, \$2,976; Major, \$3,720.

What are the expenses of field service? Between \$25 and \$30. Now, I think I can hear some of you say, "How can live in the field for \$25 or \$30? I can't be done." It can be done. Now, why can it be done? Can't you spend more? Of course, you can. But, why can it be done for \$25 or \$30? Just because a man in the Reserve Corps has a wife and babies at home to take care of, and they are going to live just as economically as possible. It can be done. It is being done by very many men in the service.

There are many more questions. I am sending a great many of these pamphlets to Dr. Meriwether, and he is going to distribute them to the doctors of the State.

Are doctors needed now? When this war was declared, there were 440 doctors in service. I want to repeat a remark made by Gen. Gorgas in his own office several weeks ago. It was this: In the creation of this army we have created an army healthier than any other army that was ever brought together. You know that they reported that the Japanese Army was created with a very low mortality. In the creation of this army, the mortality rate was cut almost in half, and who did it? The regular medical corps of the army, 440 of them? Remember, I am repeating Gen. Gorgas when I say, No. He says it has been the Medical Reserve Corps; it has been the doctors who come in and volunteered their services, and said to him: "Gen. Gorgas, here I am. Place me in the place where I can do the work best." He said, "I have done so," and he said, "As a consequence, I have a healthy army."

How many doctors are now in service? Remember 440, when war was declared. How many doctors are now on active duty in the Medical Reserve Corps? 16,552, on last Friday. How many in the Corps? 18,773. That make a difference of about 2,000. Now, that looks as if there was a reserve of 2,000. Gentlemen, I want to say to you that we have no more reserve corps. The reserve is gone. They are in active duty. 2,000 means this: Out of that 2,000 there are a great number who have come over from the old medical reserve corps into the new corps. That list has some hospital internes on active duty in hospitals, being called to service at the expiration of their one year's internship.

I went through the records of the Surgeon General's office a few weeks ago, in reference to one large city where they had 700 men in the corps. What did I find? That, of all those men, there was but one man left subject to the call of the Surgeon General, without having any strings tied to him, and that man was 54 years old. What do I mean by "strings tied to him?" I mean that same of the men have been retained for special service by the heads of the different departments, that when the special service arises, he is called out.

The Reserve Medical Corps, gentlemen, does not now exist.

Now, what has happened? We have had to study the situation in each State, because each State is a problem unto itself, and we have asked that each State to supply so many doctors before July 1. How many from Arkansas? 300. We have asked some States to supply 400; some, 500. I have been in a number of States, and we have asked for the doctors, and in every instance the State has promised to produce them. I know that Arkansas will do the same. (Applause.)

Now, in reference to the Navy. No better trained medical men exist anywhere than in the Navy. Admiral Braisted wants doctors, and he wants them now. He thought that he was well equipped. But, there was a lot of extra work thrown over on him; one, as you have seen in the papers some time ago, is the taking over of the Dutch ships, and they must all have medical officers, and that has been thrown on Admiral Braisted's department.

I want to answer a question that was asked today. The boys who are now just graduating from the medical schools, what will they do? If they are in the enlisted medical reserve corps, and want to go into the army, they must serve one year's hospital internship. If they are in the enlisted medical reserve corp of the Navy, or can get a transfer from the Army to the Navy, and want to see actual service now, they can go into the Navy at once, without the one year's hospital internship, from this State. If they want to go into the regular service of the Navy, they can go in from any State. But, I understand this State does not require a one year's hospital internship before they take an examination for a license to practice. Admiral Braisted, the Surgeon General of the Navy, said only a few weeks ago in his office that he would like to have the boys direct from college. Now, that is his message. He would rather have them as soon as they graduate.

Now, ladies, just a few words to you, because the time has arrived when the women folks are going to decide whether the men shall come in. You have talked this over; you have thought it over; and you have promised to come when needed. The wives have said to their husbands, "When you are needed, you can go." Well, let me tell you that now is the time to keep that promise. Never in the past or in the future will the United States Government need the services of doctors fore than it needs them right now.

I want to tell you a little story that happened on a train coming west. There was a little woman on the train, with a little girl. I could see that she was occasionally quietly crying to herself. What about? She had left her husband. She said, "I said 'good-bye' to him, and he has gone to Hoboken, and that means across the water." She said, "Doctor, I hated to see him go, but I told him if he was a doctor, and the doctor was needed, he must go," and that boy went. (Applause.)

Now, it is for the women folks to say to the doctors between 22 and 55 years of age that now is the time for them to come. Do you know what the mothers are saying? The mothers are saying to the United States Government, "You make me give up my boy. I haven't a thing to say about it. You simply come and take him. I only want you to promise me one thing, that you will take care of him." Can you men and women imagine the mothers way up in the Northwest, the West the South, thinking of their boys in the camps, and who are they thinking about? Who do they want to hear from? From the General? From any of the line officers? From the man with this on his shoulder? They do not. What do the doctors say of my boy? I tell you, men, there is no finer class of men that ever existed than those boys who are fighting in the battle line for the United States today. (Applause.) The doctors must come in to keep those boys well. How many doctors are needed? I wish I could tell you. I can tell you how many are needed now. Right now. 21,000. Right now. Not six months from now, but now. How many men will 21,000 medical officers take care of? An army of three million. Are we going to win this war with an army of three million men? How do we know. The outlook is what? Can you men look into the future, and you women look into the future, and say, before this war is over—now this is the figure—35,000 doctors. How many doctors are there? Not more than twice that many available for this service. The civilian needs are great. The men, women and children at home must be taken care of. Because, what are they doing? Those boys are fighting for the protection of the women and children right here. Are we fighting for the people of France, or the people of England? We are not. We are fighting for our own homes. I don't want to picture what can happen. It is unnecessary. You all can picture it for yourselves. It is, therefore, for the doctors to come in and keep these boys an efficient fighting unit, so that when the time comes that the German Hun comes against our boys, they will be that efficient unit, and, I hope not, as they are doing now, with their backs to the wall, but pushing forward, forward.

Won't you come in now? (Applause.)

Dr. Garrison:

It was my privilege to be in Washington when a commission from England, France and Italy came to this country to give counsel in order that we might avoid the mistakes of the allies. Count Rossini, standing in

the Senate, with tears trickling down his cheeks, told of the hardships and the misfortunes that have been endured by his people, and stated that disease was quite as much concern to France as the threatening German hordes on the North, and, in an impassioned plea to Congress, urged that the medical profession be mobilized at once in order that adequate medical and sanitary provision be made both for the civilian and military forces. These two gentlemen are here in that attempt to mobilize the medical profession.

The next speaker on the program was to have been Hon. T. H. Caraway, but I have just been advised that he has sent a telegram stating that a very important Administration bill had come up, and that he had been detained in Washington. But we have another gentleman on the stage, and, while he has not been requested to speak this evening, I hope that he will not feel that we have imposed on him when I ask the distinguished United States Judge, Jacob Trieber, to make a few remarks as a civilian. (Applause.)

Judge Trieber:

Ladies and Gentlemen;

I must confess that I am somewhat embarrassed to be called on this occasion without notice or any preparation. In fact, it is embarrassing to me to be addressing an audience. For the last eighteen years I have confined my addresses to twelve men. Now, to address so many is somewhat embarrassing. Especially when we consider the number of physicians here. To be frank, I have not always looked forward to the visits of the physician, when I have requested him to call, with the utmost cheerfulness. (Laughter.) But, I have met so many of them here, and found them so pleasant on an occasion of this kind, that I have forgotten all about the feelings I had entertained towards them when they called on me at my request.

A great many of the members of that profession have made sacrifices in this war as but few others have. Many of them, whose practice runs into the tens of thousands, have surrendered that practice in order to render their services to the Nation. And, now we are told that 500 more are expected from our own State, in addition to the 6,500 from the rest of the Nation, to offer their services to those who are fighting the battles of this Republic across the ocean.

We of Little Rock, perhaps, will miss them less than any others. The Public Health Service of the United States has done so much for us that none of us ever expect to be ill again. (Laughter.) The song of the gay and festive mosquito, which—I won't say we have always enjoyed—we have heard every evening, has disappeared over there. The typhoid germs, which grew fat and saucy in the wells which we had scattered all over the city, have now been buried beyond resurrection, the wells having all been filled up. (Laughter.) The germs in the milk, which, like the Liberty Loan, was counted in billions, (laughter) have been reduced to a very small number. The swill-barrel, which on warm days sent an odor through the city which was not always as sweet as eau de cologne, has been removed. And, all this we owe principally to the Public Health Service of the United States, of which your distinguished visitor is the chief. (Applause.) And, next to him, to that modest gentleman sitting back there, Col. Pierce. (Applause.) He has accomplished a great deal for us. I don't think that the Government can furnish every community with a Col. Pierce, because I believe they are rather scarce. But, I believe, if the people of this or any other community in the State will clothe their physicians, or a committee of physicians selected by their local board or association, with ample power, the same power which the Government has vested in the Public Health Service, they can accomplish almost as much as has been accomplished for our city.

No doubt, there will be some who will complain that their individual rights are being taken away from them; but, if they do, ask them whether the health of the Nation is not of greater importance than the individual rights of any citizen, in such an emergency as this. Ask them whether their individual rights are dearer to them than the liberty of this Nation. Ask them what their liberties will be if, by reason of the failure of the people of the United States to do their duty, Germany should be victorious, and set the heel of autocracy upon the neck of the people of the United States. (Applause.) In these times, individuals must be willing to sacrifice some of their liberty for the general good. And, while they may talk about the rights guaranteed to you by the Constitution, there is one provision of the Constitution which grants the power to the Congress of the United States to declare war and enact all legislation which is necessary to carry it on successfully. Under this war power, Congress has enacted laws which may seem harsh, and would seem harsh in ordinary times, but we are not living in ordinary times now. And he, who today complains of his petty individual rights and liberties is morally at least a traitor. (Applause.)

Dr. Garrison:

I am sure we have all been enthused and inspired by Judge Trieber's remarks. The State of Arkansas, the city of Jonesboro, and the Arkansas Medical Society have been especially honored in having these distinguished guests in our presence; and, in recognition of the deep appreciation for their presence, I am going to ask that you all rise and stand just a few moments before being dismissed.

A MEDICAL ROLL OF HONOR.

The survey of the war service of the medical profession, including the fundamental data relative to the supply of physicians in proportion to the population, appears in The Journal A. M. A., June 1. As stated in the introduction to the survey, its compilation has been most difficult and time-consuming. Yet we believe that its importance more than justifies the work, time and expense involved in its preparation and publication. Undoubtedly it will be of great interest to every physician in the country; it will surely be of practical value to those who are directly concerned with the problem of supplying the Medical Department of the Army and Navy with a sufficient number of medical officers. While the tabular matter constitutes a survey, the list of names is, as stated, a real Honor Roll. It represents men who have made sacrifices for their country—men who have not only left the comforts of their homes, but also have given up professional work which in a majority of instances yielded far more income than the pay which they will receive as medical officers, even though they attain the highest possible rank. This Honor Roll shows that the medical men of this country are not slackers.

Including the Medical Corps and Medical Reserve Corps of the Army, the Medical Corps of the National Guard now in the Federal service, the Medical Corps of the National Army, the Medical Corps and the Medical Reserve Corps of the Navy, there are a total of 23,196 physicians actually commissioned, and practically all on active duty. Let it be remembered also that there are some 25,000 physicians engaged in the work of the local, district and advisory boards. As The Journal has stated repeatedly, the medical profession may be relied on to respond to any call the country may make on it.—Journal A. M. A.

County Societies.

INDEPENDENCE COUNTY.

(Reported by O. J. T. Johnson, Secy.)

The Independence County Medical Society met in Batesville, June 5. Present: F. A. Gray, J. H. Kennerly and W. B. Lawrence of Batesville; J. B. Roe and T. N. Rodman, Newark; V. D. McAdams, Cord; J. Hayden, Jamestown; O. L. Boone, Cushman, and L. T. Evans, Mt. Pleasant.

At this meeting H. G. Burger, Oil Trough, L. E. Reaves, Salado, and K. W. King, Floral, were received as members.

At the next meeting papers will be read by M. S. Craig, J. W. Case, J. B. Roe and L. T. Evans.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Secretary.)

The regular monthly meeting of the Lawrence County Medical Society was held at the office of the secretary, June 5, 1918. Present: Drs. C. C. Ball, C. E. Bayan, Thad Cothorn, E. L. Gibson, A. C. Henderson, J. C. Hughes, J. C. Land, J. W. Morris, H. R. McCarroll, T. C. Neece, Earl Thomas, W. A. Smith, J. C. Swindle, G. A. Warren, W. H. Wilson, and J. M. Bentley, D. D. S., of Hoxie. Dr. Bentley gave us an interesting and instructive paper on *Pyorrhea Alveolaris*.

The society enjoyed the visit from our counselor, Dr. Thad Cothorn, of Jonesboro, as we felt that we were among the first to have a visit from him since his appointment to that office and his smiling face and cheerful manner were very inspiring. He gave some helpful advice and laid stress upon the needs of the army at the present time.

There were five papers on the program for this meeting with responses from three of them. The titles of the papers were as follows: "Care of the Aged Through an Attack of Apoplexy," by J. C. Swindle; "Care of Mother After Third Stage of Labor," by Earl Thomas; "Ophthalmia Neonatorum," by J. M. Stephens; "Acute Ulceration of the Cornea," by C. C. Ball; and "Trachoma," by the secretary. The papers reflected credit upon the essayists and showed that time and earnest application must have been used in their preparation.

We believe that some of the undergraduates will join our society. We shall invite them and if they will come, we shall do our

best to make the work mutually instructive and beneficial.

A. G. Henderson, G. A. Warren and H. R. McCarroll constitute the Lawrence County Medical Board of the National Council of Defense. Four of our men volunteered their services for immediate call, namely: J. C. Hughes, E. T. Ponder, Flem D. Smith, and Earl Thomas. J. C. Hughes has already passed his examination and is waiting for his commission. Others volunteered to go the first of next year.

UNION COUNTY.

The Union County Medical Society held its regular monthly meeting at 10:00 a. m., Tuesday, June 5. In addition to the members present there were several visiting physicians. The two principal subjects discussed were the enlistment of physicians in the Army and the schedule fees for medical service in Union County.

The fee schedule adopted will be found in another column of this paper, over the signature of the Union County Medical Society. We have been expecting for some time to hear of the physicians raising their fees since the prices of everything else have so materially advanced. All other lines of business have apparently flourished of recent years, and seem not to be hurt by high prices, and we believe it is possible for the people generally to meet the change in physicians' fees more easily than it has been for them to meet the increase of other necessities of life. Physicians are not only obliged to fulfill the duties of their profession, but in addition they are looked upon as being among the leaders in all work pertaining to public spirit, and they have, in our county, been unusually active in helping to carry out every war measure that has been promoted.

From the report given by the Union County Medical Society it certainly appears that the physicians mean business as all of them seem to be in one accord that necessity demands compliance with this fee schedule. We certainly want our doctors to have what is coming to them else we cannot expect the best of medical service. The high standard of medical education requirements, which go hand in hand with the nominal fee, assures the laity of skilled medical attention, better sanitation and a low mortality rate.

At this time when conservation of man power is so important, and when it behooves

everyone to lend a helping hand to better the health conditions, we find our physicians foremost in the work, and probably the only class of people in the world who put forth their very best efforts to reduce the amount of sickness, at the same time reducing their income.—Union County Tribune.

Book Reviews.

PHYSIOLOGICAL CHEMISTRY.—By C. J. V. Pettibone, Ph.B., Assistant Professor of Physiological Chemistry, Medical School University of Minnesota. Published by C. V. Mosby Company, St. Louis. Price \$2.50.

This intermediate textbook of physiologic chemistry with experiments by Dr. Pettibone covers the field in such a way as to give students a familiarity with compounds important from a biochemical viewpoint, and to acquaint them with the fundamental processes which go on in the animal body.

MEDICAL CLINICS OF NORTH AMERICA.—Volume I, Number 4 (the Boston Number, January, 1918). Octavo of 401 pages. 128 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia, 1918. Price per year: Paper, \$10.00; cloth, \$14.00.

Eighteen leading clinicians of the city of Boston contributed to the contents of this issue of the Medical Clinics. Among them we wish to mention the clinic of Dr. Henry A. Christian. He describes a case of complete heart block; partial heart block, and a case of chronic myocarditis.

THE SURGICAL CLINICS OF CHICAGO.—Volume II, Number 1 (February, 1918). Octavo of 226 pages, seventy-three illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year: Paper, \$10.00; cloth, \$14.00.

Among the clinics in this issue that we wish to mention is a case of duodenal ulcer; its diagnosis and treatment, by Dr. E. Wyllys Andrews and Dr. Chas. Louis Mix, Mercy Hospital. Dr. Mix gives the history and examination, with the interpretation of the findings and Dr. Andrews demonstrates a safe and simple surgical technic.

THE SURGICAL CLINICS OF CHICAGO.—Volume II Number 2 (April, 1918). Octavo of 208 pages, seventy-nine illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia, 1918. Price per year: Paper, \$10.00; cloth, \$14.00.

Among the interesting and instructive articles in this number is the clinic of Dr. Albert E. Halstead, St. Luke's Hospital, on the surgical treatment of facial paralysis. He describes the indications for surgical treat-

ment; spinal accessory—facial anastomosis; development of the operation; historic sketch; technic in present case.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by H. A. Hare, M. D., assisted by L. F. Appleman, M. D. Volume XXI, Number 1, March 1, 1918. Published by Lee and Febiger, Philadelphia. Price, \$6.00 per annum.

In this number Dr. Chas. H. Frazier has written an article on "Gunshot Wounds of the Head"; Dr. Geo. O. Muller describes "War Surgery of the Chest," and Dr. Geo. M. Coates refers to "Military Otolaryngology." Other articles by well known writers refer to diseases of children, and several of the infectious diseases.

BLOOD TRANSFUSION, HEMORRHAGE AND THE ANEMIAS.—By Bertram M. Bernheim, M. D., Instructor in Clinical Surgery, The Johns Hopkins University. Published by J. B. Lippincott Company, Philadelphia. Price \$4.00.

The contents of this book are as follows: Blood and the Phenomenon of Bleeding; Diagnosis of Hemorrhage; Control of Hemorrhage; Indications for Transfusion; Dangers of Transfusion; Selection of Donor for Transfusion; Methods of Transfusion; Transfusion for Acute Hemorrhage and Shock; Transfusion for Anemic and Debilitated Conditions in General; Primary Pernicious Anemia; Transfusion for Hemophilia; Melena Neonatorum, Purpura, Jaundice; Leukemia.

THE MEDICAL CLINICS OF NORTH AMERICA.—Volume I, Number 3 (New York Number November, 1917). Octavo of 346 pages, 37 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year: Paper \$10.00; cloth, \$14.00.

This number describes cases from twenty-two medical clinics in New York. In Dr. Homer F. Swift's clinic he describes the etiology and treatment of acute rheumatic fever. As to the etiology, he says, "An entity as definite as any of the infectious diseases." Bacteriology he says—"Organisms found to be members of a large group of non-hemolytic streptococci." Under treatment he refers to the Salicylates; how they are absorbed; their distribution in the body. Do they increase Acidosis? Their effect upon the Gastro-intestinal tract; Metabolism; circulation; the kidneys; Antibody Production; temperature; Auditory Organs, etc. The Natural and Synthetic Salicylates; What they do in clinical conditions; Idiosyncrasy for the drug; dosage; Specific action of the drug and how to handle the patients with Salicylic Acid.

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

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No. 2.

Original Articles.

THE OPPORTUNITIES OFFERED TO ARKANSAS YOUNG MEN BY THE STATE MEDICAL SCHOOL.*

A. R. Stover, M. D.,
Little Rock.

This nation's business is to win the war. Nothing is really important unless it answers affirmatively the question, Will it help to win the war? To hasten victory we must use to our utmost our money, materials and men. The nation may well demand of Arkansas more cotton, food, coal, bauxite, zinc and other minerals. The State's unrivaled natural advantages ought to be more fully developed as a war measure. With the unlimited possibilities yet to be utilized, you and I and our sons and daughters need to have faith in Arkansas and her future and bend our energies to that end.

We cannot afford to have our young people weaned away from Arkansas by the attractions of other States, during their formative and impressionable years. If you believe in Arkansas and want your children to share in the State's prosperity, send them to school and college in Arkansas.

If Arkansas schools are not good enough for our young people, let us make them better. Let us see to it that the new Constitution puts the State schools on a millage basis and takes them out of politics. In this way only can we hope to build good schools and a great university.

The importance of good universities has been brought home to us forcibly by the war demand. The draft law effectively provides the men for the ranks, but there is too limited a supply of men with special technical

training in engineering, chemistry and medicine. Of these medicine requires the longest and most intensive training. The necessity for more medical officers is being brought home to us today. If the war is to continue for several years it is vitally necessary that more men be encouraged to study medicine, or we may face the problems of some places in England and France where there is one doctor to six or eight thousand people. The young man who chooses medicine as his life work at this time has made a wise choice.

Already fifteen thousand physicians have accepted commissions and half as many more are wanted at once. Of this number Arkansas has furnished one hundred and ninety. Of these some nineteen are members of the faculty of the State medical school. Of the others a large number are its graduates. Three weeks from today twenty-one young men will receive diplomas from it who are pledged to service in the army medical department. The school is glad so many are going. However this still leaves two hundred and eighty needed to complete the State's quota. Practically all of these must come from the membership of this Society, for undergraduates, irregular and graduates of disreputable schools cannot be accepted. To furnish this number will probably take one-half of all those really fitted to go. Next year and each year the war lasts not less than 75 more will be needed. There are now five men in the junior class in the only medical school in the State. To obtain the others this Society's membership must be still further depleted. If, as now seems likely, the war lasts several years longer, it is impossible to tell how serious the demand for medical men in the army may become and how alarming the shortage of doctors in civil life may be.

Even if the war ends in a year or two, some of the army medical men will be found to have lost their lives in the service or be per-

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

manently incapacitated and many more will still be required to care for the war's victims. Thus there will still be great opportunities for the young man who graduates in medicine in the next five or ten years, especially in laboratories, in hospitals and in public health work. If fortunately the war should be ended, he will enter upon his career when the opportunity for success in medicine will be greater than at any time in this generation. If unhappily the war should still be in progress, the need for medical men in the army will have become alarming and he will have opportunity to render his country a vitally necessary service.

Arkansas young men should be trained in Arkansas. Other medical schools are filled with their own students. At this time I feel sure that this society can well afford to wholeheartedly and enthusiastically lend its support to the University of Arkansas Medical Department. In view of the war conditions the members ought to pick out bright young men in their communities and encourage them to study medicine in the State medical school.

The struggle for the proper development of the Medical School, with practically no facilities for teaching scientific medicine, to its present state of efficiency has been a hard one, and has taxed the skill and energy of the trustees and faculty to the utmost. There has not been a time since the State acquired the school when its shortcomings were not explainable by inadequate funds, and whatever criticism has been indulged in has not been due to any lack of effort on the part of the trustees and faculty to make the school an accredited one. It has been a question of money, and money is always the largest problem in medical education. And now with larger appropriations, with increased facilities for instruction, it is felt that most of the formidable problems of the past have been overcome, and the State's school is now fully justified in bidding for the support of the medical profession of Arkansas and especially the good will and influence of the Arkansas Medical Society.

Many members of this Society who have received the highest honors within the gift of the Society have been, or are now, teachers in the school. It is thought that at least one-third of the membership of this Society are graduates of the school and the school has always taken pride in the progress and success of its graduates. It may be said by some

that the Medical School is not as good as it should be. Such a belief ought to be sufficient to warrant the support of such persons in an honest effort to make the school still better, to the end that it may have the confidence and support of the entire medical profession.

The trustees and the faculty believe that the school is worthy of the support of this Society, and worthy to be recommended to any young man desiring to study medicine. Beginning with the next session the candidate must present for entrance the two years of college work now required for entrance to good medical schools, and must have had the required courses in physics, biology, chemistry and modern language. These entrance requirements are recognized by the Council on Medical Education as meeting the entrance requirements of an accredited school.

If alumni of the school who received their diplomas many years ago and who are members of the Society would stop off in Little Rock, a visit to the school would show the marked changes which have been made and the transposition from the old to the new. There is only one thing which would be recognized and that is the exterior of the old clinic building.

The past five years have seen the installation in the old State House of laboratories as fully equipped with modern apparatus and supplies as those used by any medical school in the teaching of an equal number of undergraduate students. The laboratory instruction may be said to be entirely satisfactory and to fully meet all requirements, although from the instructors' viewpoint some increase in salaries and more assistants would be desirable.

During the last five years the library, through generous donations by members of this Society and widows of members and through numerous purchases has grown from nothing to some five thousand volumes. New reference books are being purchased constantly. Several hundred dollars yearly are now being expended for current subscriptions to the leading medical journals of the world. Complete back files of a number of the most important journals have been bought and bound. Others will be added as soon as possible. The students are required to use the library regularly through assignment of work. The library's facilities are tendered to the members of this Society and the general pro-

fession for reference purposes without any fees. If interested, a list of the journals taken and of the back files now available will be sent you on request. Is it not well that there should be one real medical library in Arkansas in an accessible location?

To provide increased clinical facilities for the school, the last General Assembly passed an act providing for the sale of certain land owned by the State, the proceeds of the sale to be used for the erection and maintenance of a State General Hospital. Unfortunately, owing to war conditions and the devotion of the members of the State Hospital Commission to war activities, no steps have been taken to sell the land and to build the hospital. The hope is justified that the movement will assume some definite shape and that within a year the State will have a State General Hospital devoted to the treatment of the poor, sick, injured and crippled of this State. Especially is it important now that the hospital be built, for it is quite likely that the hospital accommodations of this country will be taxed to the limit to care for returning wounded and sick soldiers from Europe. In fact our civilian hospitals are always crowded to their limit. The State ought to be prepared in some way to give hospital care and treatment to those of its soldiers who return injured and sick from the Western front.

The Isaac Folsom Clinic building has been erected with funds bequeathed by a member of this Society. The first floor is used for the out-patient clinic, the fourth floor contains the operating rooms, while the other two floors are finished as wards. During the last two months the entire interior of the old college amphitheater building has been torn out and the space converted into hospital wards. If means can be provided for equipping and maintaining these wards, approximately two hundred beds will be provided directly under the control of the medical school. All of these beds should be free. This will mean much to the poor people of the State and provide exceptional clinical facilities for the school. The clinical teaching staff has suffered numerous losses, like other medical schools, by reason of war enlistments, and this has necessitated extra work on the part of those remaining. In spite of all handicaps however the instruction actually given this year has been safely above the standard schedule of four thousand hours.

The advantages offered by the State medical school are most attractive. The small size of

the classes allow the maximum of individual instruction and personal attention. The fee of \$50 a year is certainly as low as any, and is much below the fees charged by many schools. The smaller railroad fare, the accessibility to home in case of sickness or other necessity may be vitally important. The knowledge one gets of his capital city, the acquaintances and friends one makes in four years, the instructors one meets on terms of intimacy, may mean much to one's future.

Upon graduation one takes his place as an alumnus of the home school and the one that has the largest number of graduates in Arkansas. He will find many ready to boost the home boy.

There will be constantly increasing needs for young physicians in the expanding public health work, in the various hospitals and laboratories. If a reasonable proportion of these places in Arkansas are to be filled by Arkansas young men thirty or forty ought to enter the freshman class in the State medical school each year. Will you help to get them?

Certainly the medical profession offers unsurpassed opportunities to the young man who wishes to be respected in his community and a useful citizen, who is ambitious to find a place of real usefulness and to lighten the burden of sorrow in the world. There is no nobler calling.

Any Arkansas young man who contemplates the study of medicine owes it to himself to consider most carefully the advantages of the University of Arkansas Medical School. He cannot afford to go elsewhere.

DISCUSSION.

Dr. A. E. Harris (Little Rock): I want to thank Dr. Stover for this able presentation of what we are doing in the University of Arkansas Medical School. I am very much interested in it, and so are a great many men here who are connected with the faculty. I want you all to realize that this is your school; that it belongs to the medical profession of the State of Arkansas.

A few days ago I was over and saw the library they are getting up at the school and was very much struck with the amount of ingenuity and efficiency that was displayed in getting up the modern literature and the old books and the bound copies of the journals. Now, this is open not only to the students but to the profession of Pulaski County, and all the doctors of the State are privileged to go in there and sit down and read these books and all the modern literature that they want. Now, this all belongs to you, and something you are to support.

Now the doctor has done that, in conjunction with Drs. Oates, Rhinehart, Pemberton, and other members of the faculty. They have arranged a very comprehensive reading library in the State medical school.

I have been connected with this school since 1904. I started in as a lecturer on therapeutics, and later on physical diagnosis and clinical medicine under Dr. E. R. Dibrell and after that I was professor of physical diagnosis and after that head of the department of clinical medicine. I have been there since 1905, and since about 1906 none of us men who teach the clinical branches have received a cent of money; we don't get anything at all; we have done it purely because we like to do it, and because we are interested in medicine and in the teaching of medicine. Now, the men who are paid are the men who devote all of their time to laboratory work, like Dr. Stover, Dr. Pemberton, Dr. Rhinehart, Dr. King, Dr. Oates and the dean. But, the rest of us don't get anything at all, as it is purely voluntary work. I spend about three hours a week in the work; last year I spent about five. I enjoyed the work very much, but five hours was too much for me.

I am visiting physician for the city hospital, and I use the city hospital for demonstrating cases that occur in the city to my new clinical students in the medical wards. The surgeons do the same thing with reference to the surgical phases, and we have a very harmonious hospital there. Of course, I can see the great need of a State Hospital. That is for injured people who come to us and who are shipped to us. A great many of them are shipped to us with just enough fare to get to Little Rock to be placed in the city hospital where we take care of them and get rid of them the best we can. We need a State General Hospital for taking care of these patients and for the instruction of medical students in this hospital. We are perfectly willing to devote our services to this purpose, and use it as a school of instruction as well as for caring for the injured people of the State of Arkansas.

Another thing about this—I don't know whether I ought to bring it out here or not—but I feel this way about it: That we should keep up the requirements of the school as far as preliminary education is concerned. You know as well as I do that a doctor is quite a factor in the community, and his education is always looked upon as part of his general medical education. I am not in favor of admitting any student unless he has the required educational requirements. I think the same thing should be done with reference to the State Medical Society, because, whatever the State Medical School is the State Medical Society is, and, if you are going to put in everybody with or without being a graduate, what kind of assistance will we have?

Dr. R. H. T. Mann (Texarkana): I want to know what class the Arkansas Medical School is in in the classification of the American Medical Association Schools? Second, I want to know how much money it is going to take to make the Arkansas Medical School not as large, but as good a school as there is in the United States? I do not think that the men who have the future education of this State, in a medical way, in their hands should be satisfied with a school which is not as large but which is as good until that is reached as any school in the United States. On the other hand, I don't think a man who has graduated with a B. A. degree or a M. A. degree from some university should be asked to attend a medical school, though it be in his own State, which is not as good as any other school in the country.

Now, gentlemen, there is no question about it in my mind that the medical profession has in its power enough influence to get the legislature of Arkansas not only to appropriate enough funds to make the medical department as good as any school in the United States, but to make the university as a whole as good; and, I believe that when this thing is pre-

sented to the legislature from time to time in its proper way, they will do that very thing.

Dr. Stover (in response): In amplification of Dr. Harris' remarks, I would say that if you will visit the library of the medical school you would find that we take at the present time not less than 75 medical journals. Compared with the journals taken by one individual this makes quite a library; and, indeed, the list includes nearly all the good medical journals published in the English language.

In answer to Dr. Mann's question, I would say that the school has not been visited and inspected for three years. During this time we have improved, because many of the changes that I have named to you have been made within two or three years. The school at last inspection was in Class "B." No one wishes to say at this time that the school does not need improvements; but certainly, compared with the conditions three years ago, it has very greatly improved. I might say that, as far as the equipment and teaching of the first two years are concerned, this school is now entitled to an "A" classification. As regards the clinical instruction, the shortage is in the hospital facilities; and to improve these was the purpose of the last legislature in passing the bill for the sale of the land and the erection of a State General Hospital. If the war had not come on, the hospital would now be in operation, I presume. However, the governor this spring authorized a deficiency appropriation of \$6,000.00 with which the old building has been renovated, and it is now ready for use as a hospital under an arrangement with the city; so that we will soon have probably two hundred beds for clinical teaching, and two hundred beds is the number that is considered essential for a good medical school. Then, with this hospital in running order, I feel from my acquaintance with the requirements, that this school will be placed in Class "A" on the next inspection.

As regards the question of how much money it would take to make this school as good as any school in the United States; that is pretty hard to answer. One medical school has an endowment of twenty-five or thirty millions and feels the need of more. Another has unlimited funds, derived from iron and copper mines. Now, I do not consider that Arkansas is ready for such expenditure, but to provide a good medical school the Council says we should not have less than \$25,000 income yearly, aside from students' fees. This school at the last session of the legislature, received an appropriation of \$52,000 for the biennial. We ought to have more than the minimum. After the provision has been made for running the State General Hospital, \$50,000.00 or \$60,000.00 a year would probably be ample for the needs of the school for some years to come. We would be able to obtain additional full time instructors and be able perhaps to pay some small remuneration to the clinical teachers. More money could be used to advantage with larger classes; probably, though, for a number of years, if we have fifteen or twenty students in each class, we will do well. I say this because of the advanced literary requirements, and because the requirements will not be advanced beyond those now in effect. Those requirements are two years of college work in addition to four years in high school. Now, these requirements are not only nominal requirements, but they are actual requirements. We have the documents, officially signed by the school from which the student came, certifying to the fact that the individual had the instructions and that he received a passing grade. There is no question but what the requirements are enforced, and that, beginning this fall, no young man will be admitted to the freshman class unless he has had two years of college work, and unless in that two years of college work he has received the required number of hours of instruction in chemistry, physics,

biology and modern language. The Council on Medical Education inspects the entrance credentials, and, if there are any flaws they are freely pointed out. The main University believes that the requirements are enforced. So much so that the trustees have now authorized the election of the first two years of the medical course as the last two years of the four years required for the bachelor degree from the University of Arkansas. That means that any young man who enters the State school will, at the end of his second year in the medical school, have conferred upon him the degree of Bachelor of Science. The conferring of the two degrees, Bachelor of Science and Doctor of Medicine for the completion of six years' work beyond the high school is in line with the advantages offered by a good many of the State schools at the present time. This is one of the things that I failed to speak of in my paper, and I am glad that Dr. Mann spoke of the Bachelor's degree.

Dr. L. Kirby (Harrison): I want to interrupt you. Do I understand you to say that he receives the degree of Bachelor of Science at the end of two years or the sophomore year, and then has to have four years more on that? That is, he gets a M. D. at the end of four years after that?

Dr. Stover: No. The proposition is this: the young man who has completed his four years of high school at Hot Springs or Little Rock, or any good high school, then enters either the University at Fayetteville or some other school that is its equal, takes the freshman and sophomore courses, and in these freshman and sophomore years, takes these required subjects that are demanded for entrance to the medical school. Then, after he has finished his sophomore year, instead of completing the four years' course to get his bachelor degree at Fayetteville, he can come to Little Rock and take the first two years in the medical course; then he receives a bachelor's degree. Then he comes back two more years to the medical school and receives the doctor's degree. Is that clear?

Dr. Kirby: That's clear. I understood that he had to go a full six years before he got his bachelor's degree.

Dr. Stover (resuming): No. In regard to these two years of college work, I will say that they are not given in Little Rock by the medical school. The pre-medical course has been taken off because of the requirement of two years. So that now you must come to Little Rock to the medical school with the two years of college work. That means that you have to go to Fayetteville or elsewhere to receive this work. Then come four years to the medical school.

Now, how the money is to be secured is hinted at in my paper; that is in my opinion the way to handle the educational problems in Arkansas. The new Constitution should provide for the placing of all the schools of the State on a millage basis, so that it will never again be necessary for the agricultural schools, the normal school or the State University or its medical department to go to the legislature and ask for an appropriation for current expenses. That is the way in which the matter is handled in a good many of the States that we all think of as maintaining good schools. Automatically there comes to the school a certain sum of money every year from the taxes. If there can be provided for the medical school one-ninth or one-eighth of a mill of the taxable valuation in Arkansas, the medical school will be well cared for, and, with the gradual increase in population and wealth, the revenues of the medical school would increase accordingly, so that this millage tax would well provide for the needs of the medical school.

Dr. Mann: Just one more question. You spoke of these lands which have been authorized to be sold and placing the proceeds onto a charitable hospital.

I would like to ask you the value of these lands, and the revenue to be derived therefrom for this purpose.

Dr. Stover: The land was appraised by certain real estate men at about one hundred and fifty to two hundred thousand dollars.

Dr. Harris: That land right now cannot be sold, on account of the war situation.

THE SERIOUSNESS OF OBSTETRICS AND SOME OF THE PITFALLS TO BE AVOIDED.*

J. Philip Lunt, M. D.,
Leonard.

Gentlemen, this is a hard subject for me to write about; in fact, I feel that this subject is to me like Paris is to the Kaiser—beyond me.

At the beginning of my medical career there was but one way for me to look and that was forward; but now that I have reached somewhere near the middle of that career, I have the advantage of looking both forward and backward, and I assure you, gentlemen, that obstetrics have come in for its full share of observation, and I am forced to conclude that in the vast majority of cases the seriousness of obstetrics has been too little understood both by the laity and the physician. A part of the serious side, as well as some of the pitfalls to be avoided, I shall now attempt to point out.

To begin with, our nation has made no adequate laws which effectually safeguard the birth of children; for in the majority of States strong, healthy men may marry weak, diseased or deformed women, and at the same time strong, healthy women may marry weak, diseased or dissipated men, which state of affairs sooner or later lays a heavy burden upon the family physician. He in time will be called to deliver that woman, whose every make-up precludes giving birth to a normal healthy baby. Again, though the woman before marriage was strong and healthy, her husband had in the past contracted disease, which in turn was transmitted to the wife and fetus again precluding the birth of a strong, healthy baby. Indeed a serious state of affairs both for the family and for the physician. To help overcome this we, as physicians, should do all in our power to have such laws passed as would reduce this state of affairs to its minimum. Though this seems a huge task still it is worth

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the effort and we in our humble way could do much by educating the public along these lines at every opportunity. To the physician my advice is, when he knows that one or the other has an infection or suspects much deformity on the part of the woman that he advise them to call him early in labor for in that manner he can do much towards procuring necessary help, and have himself, instruments and drugs in such shape as to render the greatest assistance possible.

Again, a healthy couple marry and in the course of time the woman becomes pregnant. She being of a bashful disposition, goes into retirement until labor sets in, and the physician is called to deliver a pale anemic, weak woman, whose muscles through disuse, have no expelling power and whose body, through lack of fresh air, exercise, sunshine, proper food and due attention to personal hygiene, lacks stamina and resistance, making the labor long, tedious and difficult, if not impossible. Or, again, this sort of a case through the above causes, or on account of the peculiar makeup of the woman, or the result of a faulty kidney, uremic symptoms may here set in before the doctor is called and we hear over the phone the cheerful message: "Get here quick, doctor, my wife is having fits." Isn't this serious?

To avoid this requires one word—Educate. But educate the physician as well as the laity. Educate the laity that the pregnant state is one of the most gracious gifts of God and that she as a woman should feel justly proud of her condition instead of ashamed; that she should consult her physician early and often; that she should eat plain, wholesome food; that she should take plenty of outdoor exercise; that she should have plenty of fresh air and sunshine, and that she should pay especial attention to her personal hygiene, especially her baths, sleep, rest, bowel and kidney actions.

Educate the physician that every ease of obstetrics is a serious condition, and that the carrying of a woman through the pregnant state is a task beset by many difficult problems, and that to him and to him only is the precious life of the woman intrusted, as well as the life of the expected heir. He should use his very best judgment in every instance in which a crisis seems imminent, so that in the end the family is made happy and the whole world is enriched by one more precious life.

There is another class of cases to which I wish to call especial attention, and that is,

those cases in which we are called to make a delivery after some meddlesome, filthy, ignorant woman has tried for hours, or possibly days to deliver and we find an exhausted, as well as infected woman and usually a dead fetus and though the position be normal, the condition of the woman forces us to resort to a manual delivery and with what results? In the majority of instances the baby was dead before the doctor was called, also in the majority of cases the woman is already infected. The mid-wife is just itching to put the blame on the shoulders of some one else; so why not the physician's? I am very sorry to say it, gentlemen, but there is where the blame finally rests.

To avoid this we should pass laws which would force all people, who tender their services to women in child-birth, to attend our medical schools and meet every requirement, rule and regulation imposed upon us as physicians. We should at every opportunity deplore the employment of incompetent women in such cases. We should, when called to such cases, go for the sake of humanity but paint the picture in its true colors, and assure all present that you will do all within your power to right the wrong; but hold nothing back for fear of hurting somebody's feelings.

There is another class of cases that I wish to refer to, and they are those cases in which the labor was normal and easy and the physician's technique seemingly perfect; still in a few days bad results follow, due to those in attendance using filthy clothes, water or pans; or hands that are unclean, and last but not least, unsanitary bedding. In country practice people are prone to use an unclean bed for the labor and first days following same to prevent the soiling of good beds and bedding. Or if the mother escape trouble something goes wrong with the baby, colic, diarrhea, sore eyes, etc.

To overcome this, the doctor should insist on fresh, clean linen being supplied if possible, protected by necessary pads; insist, if time will permit, on giving a bath, and emptying the colon, deliver with direct exposure of the parts, if possible, though this is very hard to do in country practice. Take time after the delivery to explain to the mother just how you wish her attended to; explain in detail how she should eat and sleep; how she should attend to the calls of nature, the care of the breasts, and the importance of sterile vulvar pads and clean linen. Instruct her in the care

of the infant, number of nursings, amount of each feed, the importance of bathing, proper warmth, and so forth.

Now I am going to speak of a class of cases which we all know do occur, but which we say as little about in public as possible, and that is the unnecessary abortions. A physician is "approached" by some young lady, perhaps the most influential young lady in that section of the country, or the garbage man's daughter; for it occurs in all walks of life. With tears and prayers she entreats you to save her from the disgrace of the world and wrath of her family. Oh, the story is heart-rending! Too much faith in the young man; tempted too far and under the promise of marriage she yielded to the importunities of her lover, only to find that the young man had gone in the night, leaving her alone with her sorrow and shame, to face her poor old, gray-haired mother and proud and unforgiving father. "Oh God, doctor, they must not know! You must do something for me!" Is this serious?

Doctor, stand firm. There is an immutable law given by God unto Moses which says: "If man's blood you shed by man's hand shall your blood be shed." So though you feel most keenly her awful position, do not, I pray you, add murder to her already heavy burden, as well as to your own. Talk to her; explain to her all sides of the case; and if tact and judgment are used, you will be the means of pointing her to the most honorable solution of her troubles, a complete confession of her sins to her parents, securing as a rule forgiveness.

Of necessary abortions I have but little to say, except to advise caution; do not be too hasty. Have at least one good consultant and if there is any doubt call in more help. Go over the case several times, if possible, and if all hands agree that an abortion must be done, the law will uphold you, but the neighbors, never!

A paper on obstetrics would not be complete unless technic were mentioned. I will sum up this phase of the question by saying simplify your technic. Study that technic, eliminating those things which you find you can get along better without, and add anything that you find will aid you in doing more efficient work. Select instruments so that one will answer the purpose of many. Select each article that goes into your obstetrical bag with care and use it every

chance you get; for you will not become confused as you would if you depended upon the outfits found in the ordinary household. Be clean, and see that everybody and everything else about the bed is clean; and do this yourself. Trust nobody unless it be a trained nurse (something we in the country are not blessed with.)

In conclusion, I would say that obstetrics is one of the most difficult branches of medicine, if done honestly; more sleep lost; more reputations lost; less money made; more worry, less gratitude and very unpleasant work.

I would further say, keep your head level; tranquilize yourself; keep cool; meet every crisis with a steady nerve. Take complete control of the case when called; allow no one to dictate the management of the case to you; do not be afraid to call for assistance, if in your judgment you deem it necessary; and in all cases put this question to yourself: "If this was my wife would I conduct the case in this manner?" If you can truthfully answer, yes, you cannot be far wrong.

DISCUSSION.

Dr. R. E. Bradsher (Marmaduke): The doctor spoke of pre-labor examination. I think that is a question that each and every one of us should consider very carefully. When I first began the practice of medicine, I very often had cases of eclampsia. In the last few years I haven't had any. I attribute this to the fact that for the last few years I have had all my prospective patients to see me two or three times previous to labor. In the beginning of my practice of medicine, when I got a call to a case of labor, it was usually the first call I had in the family. They took me because they could not get the family physician. I had no chance to do anything prior to the labor. I often found them in a septic condition, or in a uremic condition. I make it a rule to have at least two urinalyses and two physical examinations prior to labor, if I am consulted, or if I am considered the family physician. Of course, I am like all others, I have some cases that I never see until labor comes, when I am called in the absence of somebody else, who usually takes care of them.

The doctor spoke of meddling mid-wives. I want to say that, in something over 900 cases of obstetrics, all infections that I have seen, with the exception of about two, were cases that had been previously tampered with by a mid-wife. When I go to see a case that has been attended by a mid-wife, where they have had trouble, and those are the only cases we get to see in these instances, I never fail to take time and opportunity to pay my respects to the mid-wife; that, I think, is due them. When I get through with them, these people never have them any more.

I think the doctor is entirely right when he said there should be some law governing any one who attends a lady in confinement. We fail to put the proper amount of stress that we should on a case of confinement. If we did, we would have such a law passed.

The doctor spoke about dirty sheets, etc., that you have in the country home. My practice is mostly in the rural districts, and I am confronted with that a

good deal. I believe that it is a mighty good plan to carry some good obstetrical sheets with you. There are several houses that make those now. And, also, have the lady bathe beforehand, as he spoke of.

Another thing I want to speak of. The doctor had reference to criminal abortions. Oftentimes the girl that comes to you to have you commit a criminal abortion is not a bad girl, to begin with. Usually those that come to you, or those that come to me, have been the best class of girls, but have made a mistake. It is always a question of what to do, and what to say. Oftentimes if you turn this girl away without some satisfaction, she may go away and do something that she will afterwards regret all her life, and you will regret, for not having advised her right. There is a number of ways that you can govern this question. One way is: in most cities there are reputable places that will take these girls in. And, if they will confess to their parents, and if you explain to the parents that these places are reputable, if you happen to know about some that you know are reputable, and that they will take the girl through her confinement, and will have the offspring adopted into some good home, or into some orphanage, you will do a great good for this girl, and probably make a good woman out of her, whereas, if you left her alone, she probably would become a prostitute. I commend to you that one way or one solution, if you can find no other.

Now, the doctor spoke of necessary abortions. I know that sometimes we have occasion for those. But, I would not consent to perform such an abortion unless I had the advice of at least three doctors.

The doctor spoke of the time lost in obstetrical cases. It is true that we lose lots of time in obstetrical cases. It is a most trying thing. I, for one, would be glad to give up my obstetrical practice, if I could do so and still do a general practice; because it does not pay me from a financial standpoint. But if I do accept a case, I accept it willingly and take up the time that I have got, irrespective of my other practice. I would like to get through in an hour; but, if it takes a day or two days, I try to content myself, and I think every doctor should do the same thing. Oftentimes we are in a hurry to get away, and something happens that would not happen if we were not in a hurry. I remember one time to have had a fatal hemorrhage, the only one in all my practice, having left just one hour after the delivery with everything seemingly all right. I wish now that I had stayed longer; I would have been glad to have been there four hours later when the hemorrhage took place. If I had not been able to save the mother I would have had the satisfaction of knowing that I did everything in my power to prevent the fatal termination.

Dr. J. W. Melton (of Slocumb): There is one point upon which some stress was made, that I have studied pretty closely, and that is educating the expectant mother. Two years ago I read a paper before this society relative to puerperal eclampsia. At that time I tried to get some statistics from Dr. Garrison as to the number of deaths caused by puerperal eclampsia. Now, gentlemen of the Arkansas Medical Society, I may be wrong, but I feel like this is almost wholly a preventable disease. We cannot prevent it, though, until we educate the laity, as to the treatment. We have simply got to get in touch with our practice more closely. I, too, live in the rural district. I believe it is harder to get in touch with your patients there, perhaps, than it is in the city. I remember in my paper I said I didn't think that we, as a profession, ought to accept a case of confinement without first having been called in the case, and had an op-

portunity to examine it, except in cases of emergency where the regular physician was away. If we, in our component county societies, would get closer together on this proposition, we could pretty soon educate the public to this one point, and they would realize the importance of it. I want to say that it is pretty hard to educate them individually. But, we could do much more collectively, if we would do it; take it up in our component county society, and each and every member agree to do this, thereby saving the lives of many mothers and infants.

As to the question of criminal abortions, I don't know anything about that; I never had any experience. It may be that my face is such that it would deter the wayward girl from consulting me; I don't know. I never was consulted upon that point but once in my life, and that was a married man who came to me to help him. I told him that I would not do anything of the kind, not for anything in the world; that I thought as much of my wife as he did of his, and my wife was none too good to bear her offspring, and I didn't consider his was, and there I left him.

Dr. Lunt (in response): In closing I might simply add this one thought: the prime of our manhood is going to war, many of them to be killed or crippled, and many never to return; and it is necessarily going to throw the burden of producing our coming generations, upon the weak, both in body and mind. So, every life that we doctors can save by careful attention to women in confinement, is that much more for Uncle Sam, and we should be distinctly proud of an achievement like that.



U. S. Food Administration.

Ol' Squire 'Tater 'low he goin' to be mighty nigh king er de roos' 'mong garden sass folks. We ails kin eat him as a 'tater boiled, baked, fried, stewed, cooked wid cheese en dey gettin' so dey make im inter flour; so's we kin "substi-tute" him fo' wheat flour. He's de "substitu-tenest" of all de vittles, he sez. ●

De udder garden sass folks lak inguns, tomatues, cabbage en turnips en squash don't need to git peeved, 'cause dey's goin' to be room in de pot fo' de whole tribe. Ev'y las' one on 'em can he'p save wheat en meat fer de boys dat's doin' de fightin' over yander.

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Editorials.

OUR NEW PRESIDENT.

Dr. E. F. Ellis, elected President of the Arkansas Medical Society, at the forty-second annual meeting, held in Jonesboro in May, last, comes to the office well equipped by capacity, years and experience to serve the society well. Born in 1863 in St. Clair County, Missouri, the son of E. S. and Martha Stearns Ellis, Dr. Ellis is at that age in which the normal healthful man is at the best of his intellectual powers. His parents, devoted to the Lost Cause, removed from Missouri for political reasons, soon after the close of the Civil War, to make their home in Washington County, Arkansas. Here Dr. Ellis spent his youth, receiving his earlier education at Springdale.

That the child is father to the man was proven in his case. As a boy he wanted to be a physician and while frequently parents pay too little attention to the abilities and ambitions of their sons and perhaps put them to work at something wholly repugnant to their inclinations, Dr. Ellis was more fortunate, and was allowed to follow his bent. As soon as he had finished his education he entered the Missouri Medical College from which he graduated with honors in 1885, at the early age of 21 years. Returning to Arkansas he took up the practice of his profession at Hindsville, where he remained for nine years. He then moved to his boyhood home at Springdale.

In 1904 he moved to Fayetteville, where he has since lived and where he has built up a large practice in the University City and throughout the county and where he is known not only as a skillful practitioner, but as a good, progressive citizen. He has long been a valuable worker in the medical society. He believes in organization and has always been active in both his county and State societies. He is also a Fellow of the American Medical Association. For five years he was treasurer of the State Board of Medical Examiners.

While the successful practitioner has not an abundance of leisure Dr. Ellis has found time to be a good citizen in all the word implies, active in educational, fraternal and religious matters and in all things tending to uphold the community in which he lives. He is a member of the Fayetteville Board of Education; a member of the Christian

Church; a Knight Templar, Shriner and one of the directors of the First National Bank of Fayetteville; so that it will be seen that he leads a busy life and a useful one.

Recognizing that the progressive physician can and must keep on learning no matter what experience he may have had, Dr. Ellis has done much post-graduate work in Chicago, New York and Philadelphia. He took up surgery frequently attending the Mayo Clinics. He specialized in this branch and his ability has won recognition in high places since he holds a fellowship degree in the American College of Surgeons.

The Arkansas Medical Society has honored itself in honoring Dr. Ellis with the presidency.

Abstracts.

DUTIES OF THE DERMATOLOGIST.

H. H. Hazen, Washington, D. C. (*Journal A. M. A.*, June 29, 1918), calls attention to certain matters having special reference to the medical duties of the dermatologist as regards the profession and the public. The meetings of specialists' societies and of sections of the larger association have not done, he thinks, all that might be expected of them. Their meetings have been pleasant social occasions with some good papers and valuable discussions, but more might be asked. Would it not be fair to ask such societies to give out general authoritative information for the benefit of the practitioner, the lay citizen, and governmental guidance. A standard publication committee might occasionally publish critiques, answer proper questions, and assign definite problems to members to be reported on. These are only suggestions for the future. As regards duties to patients, one important thing must be emphasized; the duty to recognize serious ailments that may be developing, such as early cancer and first or obscure symptoms of constitutional disease. Reference to skilled specialists is also a duty as well as consultation in such cases. There has, Hazen thinks, been too much deference given to Teutonic authority in dermatologic matters, and if the students who have gone to Germany had realized that frequently their privat-docent or professor was too ignorant or conceited to recognize work done in America, it would have been better for them. To some of us it has always been a marvel that more of us could not see through the folly of

taking too seriously the work of a man who could publish a lengthy bibliography with no American references whatever, and scarcely any but German ones. We must prepare to train dermatologists and syphilologists, and have fewer and better clinics, so as to spare us the necessity of going abroad. The arsenphenamin situation is also discussed, and we should see that we are not crippled by a renewal of the monopolies that existed before the war. The duties of a dermatologist to his government and country are referred to at length by Hazen, and he gives a list of some of those who have given all their services to the Government and a few who have even given their lives in actual service. There are others, however, who, without giving their all, could give services of greatest value, as consultants and visitors to hospitals and camps in the same capacity in which they now act for the civil hospitals. Army physicians would thus secure additional aid and training, and be freer to fulfill their multifarious military obligations unhampered. At the same time we must appreciate the tremendous difficulties that have attended the sudden expansion of the medical corps of the army. These are offered as suggestions worthy of consideration.

THE MEDICAL PROFESSION AND THE WAR.

In his presidential address, Dr. A. D. Bevan, Chicago (*Journal A. M. A.*, June 15, 1918), after briefly noticing the organization and activities of the Association, takes up the problems raised by the war, and the relation of the profession to the people and the government in the present crisis. The necessary number of officers for the army and navy will require at least 20 per cent of the medical men of the country, and the Association, through its county and State societies and general organization must supply the need. The census of the medical men has been completed, and the honor roll of those who have come to the aid of their country has been published in *The Journal*. The government has very wisely taken steps to prevent the disruption of our medical schools and to keep up the supply of physicians by following out the suggestions of Surgeon-General Gorgas. The medical professions of England, France, Belgium and Italy have been well nigh exhausted in this war, and the United States is looked to for a supply. A small medical department

that existed before the war has formed the leaven to change the great body of physicians coming from civil life into efficient military surgeon and efficient hospital and ambulance units. Dr. Bevan here pays a deserved compliment to the work of Surgeon-General Gorgas and Braisted of the Army and Navy, and to the splendid work of Surgeon-General Blue in the Public Health Service. If we compare the mobilization of the United States for war with that of other countries under similar conditions we find ample reasons for congratulations. In spite of epidemics, unavoidable in the congregation of so vast a body of men, analysis of the facts shows an average mortality from disease less than that in ordinary civil life. Strikingly successful has been the handling of the venereal problem, and no such moral and clean army has ever been mobilized as is the American Army. None has been as free from intemperance. It is fortunate that our mobilization occurred at the time when it could obtain so much popular support from the general interest in reform in this line throughout the country. The problem is far from settled, and Dr. Bevan pleads for the united action of the organized medical profession to secure protection by law against the injury that drink has done and is still doing. Each individual member of the profession and each state and county society should take a part. The nurse problem is also mentioned, and he commends a movement by the Surgeon-General of the Army for the establishment of nurses' training schools at the cantonments. Other problems mentioned are the reconstruction and reeducation of the wounded and disabled coming back from the war, and the creation and maintenance of industries for the production of the necessary drugs and chemicals, surgical instruments and other medical appliances. It is important that the profession should not lose sight of the health needs of the civil population. They should demand state and national organization for keeping up and developing strong health departments in every section. The war makes this matter not less but more important. In organizing the medical profession there is one fundamental and basic condition that must be met. The profession must not go into the war as simply efficient but as 100 per cent. loyal to our national Government and its aims. If there are a few that are disloyal they should be sought out and interned where they can do no harm, and every individual

physician and every county or state medical society should take part in searching these out. Dr. Bevan believes we owe it as a duty to ourselves and to the German medical profession to state clearly our feelings toward them. There is no question of the guilt of the Central Governments in this war, and their outrages and attempts on ourselves which have finally drawn us into the conflict are without the remotest shadow of an excuse. We have not been a military nation but have been forced to defend ourselves, and we have absolute confidence in the ultimate success of our cause.

GERMAN MEASLES

While measles epidemics in army cantonments have been rather fully commented on, similar epidemics of the so-called German measles have been comparatively overlooked. J. C. Geiger, Lonoke, Ark. (*Journal A. M. A.*, June 15, 1918), describes an epidemic that occurred in the fall of 1917 in North Little Rock, Ark., and Camp Pike, an adjacent cantonment for drafted troops. "The interesting factors noted were: 1. The difference in the combined measles and German measles curves in separate communities, illustrating graphically the effect of differentiation and a simple method of control. 2. Recurrent attacks in cases of German measles in the same epidemic. 3. The occurrence of acute arthritis in many cases as a complication, and the absence of pneumonia. 4. The isolation of hemolytic streptococcus [from four cases of acute arthritis, and its possible relation to the streptococci in the true measles pneumonia." Attention is especially called to the combined measles and German measles curves in the chart accompanying the paper, and their differences as regards the prevalence of each disease, results of control, etc. Probably many cases of the milder disease were not reported, although he does not mention that possibility. In the majority of cases of German measles the eruption occurred without prodromes, and the most constant symptoms and the one considered as diagnostic was the enlargement of the superficial lymphatic glands. Koplik spots were never found. While it has been considered, heretofore, as the mildest contact disease, with rare complications, in thirty-six cases a rather severe arthritis, difficult to control,

occurred. In four cases hemolytic streptococci in pure culture were isolated from enlarged knee joints. In two cases, acute nephritis was observed, otitis media in eight, and endocarditis in one. Pneumonia never followed any case in this series. No efforts of control are recorded, except in one small school, and here children reported ill were excluded and quarantined, but not isolated from the other members of the family. Other cases of German measles occurred in ten families, thus quarantined. The other children were allowed to attend school up to the fourteenth day, and then excluded for one week. No new cases occurred that were traceable to the cases excluded, and the contagiousness of the disease was much higher in the families than in the class-room. Geiger says no persons should be released from quarantine without being clear of complications, and particularly until all glandular enlargements have disappeared.

Personals and News Items.

Dr. W. S. Baldwin has moved from Melbourne, Ark., to Sulphur, Okla.

Arkansas physicians must face the war problem personally. The need is great.

On the editorial page will be found a list of the standing committees appointed by President Ellis for 1918-19.

"I will enlist when the Surgeon-General really needs me." Brother, that time has come!

Drs. L. Gardner and J. R. Linzy have been elected members of the Board of Health at Russellville.

Arkansas physicians visiting in Little Rock this month include: W. B. Lawrence and R. C. Dorr, Batesville; John W. Ringgold and J. C. Wallis, Arkadelphia.

PHYSICIANS' ROLL OF HONOR FOR ARKANSAS.

In addition to the names of Arkansas physicians recommended for commissions in the Medical Reserve Corps, published in the last ten issues, the Surgeon General reports:

Fred Rumley Dorente, Fort Smith, Captain.

Henry Haskell Rightor, Helena, First Lieutenant.

Thomas Earl Sanders, Hot Spring, First Lieut.

Harry Wynne Browning, Little Rock, First Lieut.

Walter Kempster Gray, Little Rock, First Lieut.

Cordy Norford Pate, Little Rock, First Lieut.

Clyde Vernon Powell, Round Road, First Lieut.

Oliver Currie Struthers, Siloam Springs, First Lieut.

Leonce Joel Kosminsky, Texarkana, Captain.

DR. MERIWETHER APPOINTED EXAMINER FOR THE MEDICAL RESERVE CORPS, U. S. ARMY.

Dr. C. P. Meriwether, Lt. M. R. C., Little Rock, has been appointed examiner for the Medical Reserve Corps, and wishes to announce that application blanks for appointment in the Medical Reserve Corps will be furnished on request.

The questions should be answered fully, and certified by a notary public. Forward this to his office, 214 Southern Trust Building, Little Rock, with two certificates as to character and habits based on personal acquaintance, and also a certified copy from the county clerk showing your license to practice medicine. On receipt of these Dr. Meriwether will notify you of the date on which you may report, with your diploma, for examination.

RECRUITING OF STUDENT NURSES.

We are informed by Dr. Franklin Martin, Member of Advisory Commission Council of National Defense, that a nation-wide campaign to recruit 25,000 student nurses, both for the Army School of Nursing and for all accredited training schools connected with civilian hospitals is to be launched on July 29.

It will be conducted under the direction of the Woman's Committee of the Council of National Defense upon the request of the Committee on Nursing, General Medical Board. It will be strongly supported by the co-operation of the Surgeon General's office, the American Red Cross, and of the General Medical Board and State Councils Section of the Council.

It is designed to be a direct appeal from lay women to the young womanhood of America to enter upon a course of nurse training. The appeal will be made upon the basis that every day of a student nurse's training represents a double patriotic service in that while she is preparing for military duty later, she releases a graduate for military duty now and herself cares for the civilian population.

The Committee on Nursing and the Woman's Committee join me in urging the medical profession through our state and local committees to encourage the families of their patrons to respond to this call; and also to lend their hearty co-operation during the recruiting days. It is especially desirable to use this opportunity to point out the fact that the maintenance of local hospitals and the training schools connected with them is an imperative community obligation.

UPHOLDING COMPULSORY VACCINATION.

The supreme court of Arkansas in an opinion rendered June 3, 1918, has upheld a regulation promulgated by the state board of health providing that no person shall be a teacher, employee or pupil in a public school or a private school without having first presented to the teacher in charge, or the proper authorities, a certificate of a successful vaccination or of immunity by reason of having had smallpox.

The court, by Justice Humphreys, quotes the act of the legislature creating the board of health, and says that while the board is not specifically authorized to supervise, control, suppress or prevent smallpox by isolation, quarantine or vaccination, yet the language is broad enough to include all infectious diseases, of which smallpox is one, and for whose suppression or prevention rules may be made. While the State board of health is not authorized to manage or control the schools, the prevention of the spread of contagious or infectious diseases, by preventing unvaccinated persons from associating with the schoolchildren and school teachers from associating with the school children and school teachers of the State, in no way infringes on the constitutional right to attend the schools or management and control thereof by school boards or directors.

The contention that compulsory education, under the rule of the board would mean compulsory vaccination, could not stand because, while there is no American authority for compulsory vaccination in the sense of compelling one to submit his person thereto there is authority for penalizing one who refused to comply with an order or law requiring vaccination. Decisions are quoted on this point. Both the vaccination rule and the compulsory education act are enforceable under penalty

of fines, so they are to be read together.—*Jour. A. M. A.*

New and Nonofficial Remedies.

ANTIPNEUMOCOCCIC SERUM, Type I, Squibb. Marketed in vials containing 50 Cc. E. R. Squibb & Sons, New York.

ANTIPNEUMOCOCCIC SERUM, Type I, Cutter. Marketed in vials containing 50 Cc. Cutter Laboratory, Berkeley, Cal.

ANTIPNEUMOCOCCIC SERUM, Type I, P. D. & Co.—Marketed in a piston syringe containing 50 Cc. Parke, Davis & Co., Detroit, Mich.

ANTIPNEUMOCOCCUS SERUM, Type I, Lederle.—Marketed in a pressure syringe containing 50 Cc. Schieffelin and Co., New York.

ANTIPNEUMOCOCCIC SERUM, Type I, Mulford.—Marketed in double-ended vials containing 50 Cc. H. K. Mulford Co., Philadelphia, Pa.

PROCAINE. Rector.—A brand of procaine complying with the N. N. R. standards. Procaine is the substance which was first introduced as "novocaine." The Rector Chemical Co., Inc., New York.

BARIUM SULPHATE.—Brady for Roentgen Ray Work. A brand complying with the N. N. R. standards for barium sulphate for Roentgen-Ray work. Geo. W. Brady & Co., Chicago (*Journal A. M. A.*, June 1, 1918, p. 1599).

ANTIPNEUMOCOCCIC SERUM, Polyvalent, Mulford.—Prepared by immunizing horses with dead and living pneumococci of the three fixed types (Types I, II, III). Marketed in double ended vials containing 50 Cc. each, with sterile needle and tubing for intravenous injection. H. K. Mulford Co., Philadelphia, Pa. (*Journal A. M. A.*, June 22, 1918, p. 1923).

ACID. PHENYLEINCH. Morgenstern. — A brand of phenyleinchoninic acid, U. S. P. It is sold as Tablets Acid. Phenyleinch. Morgenstern containing 0.5 gm. acid. phenyleinch., and as Sodium Phenyleinch. Water.—Morgenstern, a solution of sodium phenyleinchoninate containing sodium bicarbonate and sugar and representing the equivalent of 1 gm. acid. phenyleinch. Morgenstern per fluid ounce.

ANTIPNEUMOCOCCUS SERUM.—A serum obtained from horses immunized with virulent pneumococci. Each lot of antipneumococcic serum is submitted by the manufacturer to the U. S. Hygienic Laboratory for potency test. Early massive (from 50 Cc. to 100 Cc.) intravenous doses of a highly potent serum prepared from the type of pneumococcus present in the case to be treated are necessary. The serum used should be obtained from an animal immunized with pneumococci of the type corresponding to that present in the special case under treatment. Thus for Type I serum alone seems to be on reasonably secure clinical grounds.

Propaganda for Reform.

ORCHIS EXTRACT.—A post office fraud order has been issued against Fred A. Leach, doing business as the Packers Product Company, Chicago. The business which the post office has declared a fraud consisted in the sale of Orchis Extract, claimed to be a remedy for lost sexual powers, etc. The Federal chemists found that Orchis Extract tablets consisted of milk sugar, orchitic animal tissue, and agents used in compressing the tablets (*Journal A. M. A.*, June 8, 1918, p. 1786).

COTARNIN HYDROCHLORID.—P. J. Hanzlik reports that while the description of the actions and uses of cotarnin hydrochlorid given in New and Nonofficial Remedies tentatively accepts certain current statements in the absence of definite published data, experiments with animals carried out by him demonstrate that the drug is devoid of hemostatic action. He holds that cotarninhydrochlorid is entirely worthless as a local hemostatic (*Journal A. M. A.*, June 15, 1918, p. 1883).

V-E-M PRODUCTS.—The Schoonmaker Laboratories, Inc., New York, market V-E-M Unguentum Eucalyptol Compound, V-E-M with Ichthyol, V-E-M with Stearate of Zinc, V-E-M with Camphor, V-E-M with Boric Acid. The Council on Pharmacy and Chemistry declared these preparations in conflict with its rules because unwarranted therapeutic claims were made for them; because the public was advised to depend on them in the treatment of diseases and because these combinations of ingredients in fixed proportions under proprietary names are irrational (Reports Council on Pharmacy and Chemistry, 1917, p. 163).

SODIUM VERSUS POTASSIUM.—When the embargo was declared on Germany, the price of potassium salts in this country began to soar. Now steps are being taken for the production of potassium in this country. In the meantime the plentiful sodium salts may, in most cases, be used instead. There is no evidence that potassium salts are superior therapeutically to sodium salts, and they are very much cheaper. Sodium acetate, sodium bicarbonate, sodium bromid, sodium chlorate and sodium hydroxid are among the sodium salts which may with advantage replace the corresponding potassium salts (*Journal A. M. A.*, June 1, 1918, p. 1601).

CARE IN ADMINISTERING ARSPHENAMINE.—More than the ordinary severe reaction from arspfenamine have been reported lately; hence there is need of special care at the present time in the administration of arspfenamine. The question may justly be raised if it is wise to repeat the administration at very short intervals. There also are indications to suggest the wisdom of beginning with small doses. Also, while heat may be used in dissolving the arsenbenzol brand of arspfenamine, it should be avoided in the case of the other brands which are readily soluble in water (*Journal A. M. A.*, June 15, 1918, p. 1867).

MICROCOCOCCUS NEOFORMANS VACCINE.—This was admitted to New and Nonofficial Remedies in 1910 since at that time it gave some promise of therapeutic value. It has now been omitted because at the present time there is no evidence that the vaccine is of the slightest value and because its lack of value is demonstrated by the fact that during these years it has not made a recognized place for itself in therapeutics. The available information indicates that the micrococcus neoformans does not differ materially from ordinary skin cocci which are described in New and Nonofficial Remedies under staphylococcus vaccine (Reports of the Council on Pharmacy and Chemistry, 1917, p. 152).

UNCTOL.—This is a paste stated by the R. R. Rogers Chemical Co., San Francisco, Cal., to contain approximately 40 per cent. metallic mercury in a soap base. It is sold as a substitute for mercurial ointment with the claim that it is more efficacious. The Council on Pharmacy and Chemistry declared Unctol inadmissible to New and Nonofficial Remedies

because the claim for superiority over mercurial ointment is not substantiated and constitutes an unwarranted therapeutic claim; the name does not indicate the composition of this pharmaceutical mixture and because the circular wrapped with the trade package advertises proprietary preparations not accepted by the Council (Reports of the Council on Pharmacy and Chemistry, 1917, p. 162).

NU-TONE.—This “nutritive tonic” is said to have the following complex composition: Cod Liver Oil, Pure Norwegian, 25 per cent., Malt Extract, $9\frac{1}{3}$ per cent., Beef Juice, Glycerine, Hypophosphite Lime, Hypophosphite Soda, Chemically pure, $1\frac{1}{2}$ grs. each to the oz., Fl. Ext. Nux Vomica, 3-64 of a minim in each teaspoonful. It is advertised with claims that will lead thoughtless physicians and a confiding public to depend on it in cases in which fresh air, hygienic surroundings and nutritious foods are of prime importance. Adults are to take this preparation as a “nutritive” in doses which represent from 3 to 12 grains of sugar and 8 to 30 minims of cod liver oil with unstated, but probably equally small amounts of beef juice. The Council on Pharmacy and Chemistry declared NuTone inadmissible to New and Non-official Remedies because it is an irrational, shotgun mixture advertised indirectly to the public with unwarranted therapeutic claims and a non-descriptive therapeutically suggestive name (Reports of the Council on Pharmacy and Chemistry, 1917, p. 154).

MISBRANDED NOSTRUMS. — The following preparations have been investigated by the Federal authorities and their proprietors convicted of misbranding under the Federal Food and Drug Act: Dr. Swan's Liver and Kidney Remedy, containing alcohol, sugar, glycerin, sodium salicylate, strychnin and some laxative plant drug, with indications of juniper. Stuart's Calcium Wafers, containing strychnin, despite the claim that it contained no poisonous ingredient. Turpentine Man's or Tyding's Remedy, a glucose syrup containing potassium iodid, alcohol and traces of salicylic acid, phosphates, calcium and alkaloids. Henry's Red Gum Compound, containing heroin, chloroform, alcohol, glycerin and sugar. Athlophoros, a solution of glycerin, sodium salicylate, oil of cinnamon and water. Dr. Thatcher's Cholera Mixture, containing alcohol, morphin, a laxative drug,

sugar and aromatics. Dr. Thatcher's Amber Injection, containing alcohol, opium and zinc sulphate to which acetic acid had been added. Abbott Bros. Rheumatic Remedy, containing 24 per cent. alcohol with 5 grains potassium iodid to each teaspoonful with extracts of drugs such as sarsaparilla and dandelion (*Journal A. M. A.*, June 1, 1918, p. 1624).

SEVERAL “MIXED” VACCINES NOT ADMITTED TO N. N. R.—The Council on Pharmacy and Chemistry publishes a report announcing the rejection of a number of “mixed” vaccines. In publishing its report the Council explains its attitude toward this class of products: In view of the rapid development of bacterial therapy, the possibility for harm that attends the use of bacterial vaccines and the skepticism among experienced clinicians as to the value of vaccines representing a combination of organisms, the Council has felt that it should scrutinize the claims for such agents with exceptional care and admit to New and Nonofficial Remedies only those vaccine mixtures for which there is acceptable evidence to indicate that the particular mixture is rational. Experienced clinicians have generally come to the conclusion that mixed vaccines have no specific action and that any effect they may produce is due to a non-specific protein reaction. The preparations rejected in the accompanying reports are only a few of the many that are being sold by some biological houses. The report explains in detail the considerations which led to the rejection of the following preparations, all of which were considered because of inquiry received: 1. The Abbott Laboratories: M. Catarrhalis, Combined Bacterin, B. Coli Combined Bacterin, Pertussis Combined Bacteria, Streptococcus Rheumaticus Combined Bacterin and Streptococcus Viridans Combined Bacterin. 2. Eli Lilly and Company: Catarrhal Vaccine Combined and Influenza Vaccine Combined. 3. H. K. Mulford Company: Influenza Serobacterine Mixed. 4. G. H. Sherman: Sherman's Mixed Vaccine No. 40 (*Journal A. M. A.*, June 22, 1918, p. 1967).

County Societies.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Secretary.)

The regular monthly meeting of the Lawrence County Medical Society was held July

3, on the bank of Shirley Bay near Black River, below Clover Bend.

The meeting was called to order by G. A. Warren, and the following were present: Drs. E. L. Gibson, J. C. Hughes, Wallis Hartman, J. W. Morris, H. R. McCarroll, T. C. Neeve, W. J. Robinson, Earl Thomas, G. A. Warren, and J. M. Bentley, D. D. S.

J. M. Stephens sent his paper on Ophthalmia Neonatorum, which was read by the secretary. J. M. Bentley read a paper on Mouth Sanitation, which was full of interest to all who had the pleasure of hearing the facts discussed.

G. A. Warren made a report of the annual meeting of the American Medical Association, and told of military and patriotic meetings after which it was decided to have a call meeting of our county society to meet next Wednesday for the purpose of determining how many might be selected to join the service.

Wallis Hartman volunteered to secure for us a service flag. G. Max Watkins is already in the service and J. C. Hughes has been examined and accepted and is waiting for his commission.

A bountiful supply of fish had been secured by the courtesy of E. L. Gibson and each physician was the owner of several croppies in a short time, after which several speeches were made. The doctors then all returned to their homes feeling better for the outing.

Book Reviews.

MEDICAL SERVICE FROM THE FRONT.—By Lieut.-Col. John McCombe, C. A. M. C., and Capt. A. F. Marzies, M. C., C. A. M. C. Illustrated. Published by Lea & Febiger, Philadelphia, 1918. Price \$1.25.

This manual tells about the medical service and its arrangement for the care of sick and wounded at the front.

TALKS ON OBSTETRICS.—By Rae Thornton La Vake, M. D., Instructor in Obstetrics and Gynecology, University of Minnesota. Published by C. V. Mosby Company, St. Louis Mo. Price \$1.00.

This little volume is a series of talks given to the senior students of the University of Minnesota and contains much valuable data for any one practicing medicine.

LABORATORY METHODS OF THE UNITED STATES ARMY.—Compiled by the Division of Infectious Diseases and Laboratories. Office of the Surgeon-General of the War Department, Washington, D. C. Illustrated. Published by Lea & Febiger, Philadelphia. Price, \$1.50.

This little manual is a collection of formulae and technical methods which will be use-

ful in carrying out laboratory examinations which officers of the medical corps may be called upon to perform in stationary and in field laboratories.

LESSONS FROM THE ENEMY.—How Germany cares for her war disabled. By John R. McDill, M. D., F. A. C. S., Major M. R. C., U. S. Army. Illustrated. Published by Lea & Febiger, Philadelphia, 1918. Price \$1.50.

This is medical war manual No. 5, authorized by the Secretary of War and under the supervision of the Surgeon-General and the Council of National Defense.

Among the interesting chapters may be mentioned, that of, "The German Medico Military Organization in War," "Military Base Hospitals in Germany," and "Some Medical and Surgical Aspects of War."

MATERIA MEDICA, PHARMACOLOGY, THERAPEUTICS AND PRESCRIPTION WRITING.—For students and practitioners. By Walter A. Bastedo, Ph.G., M. D. Assistant Professor of Clinical Medicine Columbia University. Second edition, reset. Octavo of 654 pages. Illustrated. Published by W. B. Saunders Company, 1918. Philadelphia. Price, cloth, \$4.00 net.

The author of this book emphasizes the value of research, both in laboratory and at the bedside, by which means we may develop discrepancies between the value of a remedy as established by research and its supposed value in therapeutics. The book closes with a chapter on prescription writing.

CLINICAL LECTURES ON INFANT FEEDING.—By Lewis W. Hill, M. D., Children's Hospital, Boston, and Jesse R. Gerstley, M. D., Michael Reese Hospital, Chicago. 12mo of 377 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1917. Cloth, \$2.75 net.

This book is divided into two parts. One author trained in the methods used in Boston, the other in Chicago, and later both doing post-graduate work in Europe. As a result of this dissimilarity in their training, the lectures differ a great deal. The combining of the two sets in one volume should prove very attractive as well as instructive to all medical men who will read this valuable collection.

THE THIRD GREAT PLAGUE.—A discussion of syphilis for everyday people. By John H. Stokes, A. B., M. D., Rochester, Minn. Published by W. B. Saunders Company, Philadelphia, 1917. Price \$1.50.

"The third great plague is syphilis, a disease which in these times of public enlightenment, is still shrouded in obscurity, entrenched behind a barrier of silence, and armed by our own ignorance and false shame, with a thousand times its actual power to destroy."

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Mayer's Orthopedics of Gunshot Injuries

This work is based on two and one-half years' actual experience *at the front*. It tells you how to care for orthopedic cases from the time the wound is received until the patient is retrained and returned to the firing line or his industrial occupation. The chapter on tendon operations and the treatment of the amputated are unusually valuable, giving much work on rehabilitation.

12 mo of 250 pages, illustrated. By LEO MAYER, M.D., Instructor in Orthopedic Surgery, New York Post-Graduate Medical School and Hospital. Cloth, \$2.50 net.

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TOXEMIAS OF PREGNANCY.*

J. T. Altman, M.D.,
Jonesboro.

In this brief paper on this so large a subject it is my intention to deal with the milder form of toxemia. The severer types are too big to be included here. In dealing with the milder forms only one can only hope to call attention to some of the more prominent manifestations, and discuss treatment in general terms only.

Toxemia is a term that has obtained a very general usage, though little is known positively about the condition it represents. Toxemia means that the blood contains toxins or poisons of alkaloidal nature, or substance similar thereto. These toxins are supposed to be derived from two sources viz: maternal and fetal.

Under maternal toxins are classed toxins arising from deficient or morbid processes occurring in special organs, as liver, kidneys and thyroid gland and perhaps other of the ductless glands.

From fetal origins there are supposed to be toxins developed from waste or by-products of fetus, and also placenta, from abnormal conditions occurring in this organ.

These toxins are retained in the body of mother or they are not sufficiently oxidized as to render them harmless or easy of elimination.

Many authors believe that every pregnancy is attended by a certain amount of auto-intoxication due to mighty changes in metabolism incident to the condition of pregnancy, and for transfer of materials for growth of the fetus. The constitution of a perfectly normal woman might meet all these demands

without external symptoms or signs of disease, but such individuals are exceedingly rare, therefore evidence of impaired functions of toxemia are common.

Predisposing causes are neurasthenia anemia, and pre-existing disorders of kidneys, liver, intestinal and other disorders.

We have yet few scientific facts to base our findings on, but we recognize groups of symptoms which can most satisfactorily be explained on theory of toxemia from these sources.

SYMPTOMS.

The milder cases are characterized by headache, dizziness, spots before the eyes, irritability, edema and nausea, vomiting, constipation and, in some cases, diarrhea, disturbed kidney action, together with albuminuria. It is well for the physician to impress on the patient the importance of reporting above symptoms. It is a rule of mine to impress on the expectant mother to be on the lookout for three danger signals, viz: severe frontal headaches, spots before eyes, and severe or persistent pains in epigastrium.

The average patient can easily remember these three signs and report same. General examination of patient will usually show evidence of deficient elimination. Muddy skin, dry, coated tongue, reddened gums and pulse of low tension. Tympany and tenderness over liver together with urinary finding complete diagnosis.

Pathologic anatomy of these cases have never been studied, as they seldom prove fatal. Treatment of mild toxemia is symptomatic, and generally directed toward better elimination and restriction in nitrogenous diet, systematic examination of urine during pregnancy and close watchfulness over patient will disclose danger signals long before grave conditions arise.

We should endeavor to teach mothers the meaning of those signs and thereby contrib-

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

ute largely to betterment of pregnant women entrusted to our care.

DISCUSSION.

Dr. H. R. McCarroll (Walnut Ridge): This subject, as has been said by Dr. Altman, is a very large one. I want to say that I enjoyed his paper. He brought out some mighty good things. Toxemia of pregnancy begins with the beginning of pregnancy, and goes to the end of gestation. Fortunately, it seems that a great many mothers are almost immune to its effects. You know it has been said by some that the liver disturbances in pregnancy are hereditary. It does seem that in some families they are more prone to these conditions than in others. Now, as to just the thing that causes the toxemia of pregnancy most, as Dr. Altman said, it is a very obscure one, and one that so far as I know has never been settled. Prof. Ewing thinks that it is due mostly to the liver. There are always found lesions in the liver, from the minimal one to complete yellow atrophy. In the latter case we have patients with the pastry-like skin, swollen feet, and, of course, very aggravated symptoms. This is one of the cases that he didn't take up. We wonder sometimes why some of these patients like that die, in spite of everything in the world that can be done. We must remember that a good many of these cases have a complete destruction of the liver. It has gone on to complete yellow atrophy, and in this condition there is no wonder why these patients die. A great many people, a great many research workers, think that the kidney is the main organ at fault. In a great many cases, the kidney is absolutely normal; while, in others, of course, it is inflamed, and becomes the main seat of the trouble, and often becomes obstructed in the later stages. D'Lee, of England, thinks that most of the trouble is in the blood, on account of abnormal metabolism. He is inclined to try to throw all the blame here, on the digestive system. Of course, the action of the liver would have some bearing on that.

Speaking with reference to the liver, I would like to drop this thought, although it goes beyond Dr. Altman's paper a little bit: the woman who vomits bile continually, especially after the second or third month of gestation, on up to the time of being delivered, is a woman that is very apt to have puerperal eclampsia at the time of delivery. These women most usually have a pastry-like skin, and puffed up, and they need the advice and attention of a doctor.

I want to commend what has been said about the education of the public. It does look strange that every now and then some beautiful girl in the community has to die. It was my misfortune, I reckon, to be with a girl about two months ago, in conjunction with other doctors, in this kind of a situation. She looked like one of the most promising young ladies in the community, and yet, in spite of everything we could do after the seizures came, the young lady died. It does look like that girls, living in towns of anywhere from 3,000 up, ought not to be allowed to drift into this condition. But, we haven't got sufficient organization, we haven't got sufficient means by which to educate the people, that we can prevent this. Fortunately, it seems that they are getting more rare. I haven't seen but two or three cases of eclampsia possibly, in the last five years.

I would like to urge that one of the main things to prevent this is constant contact with these women, especially young expectant mothers. And, I would like to add also, the young mothers out in the rural districts, and especially along the river streams and in places infected with malaria, are most apt to be affected. It seems that these young mothers have extra heavy loads to bear, and, in my opinion, they

are very prone to develop serious toxemias. I think we ought to impress on our lady patients that they should send a specimen of their urine to the office every ten days or two weeks. If the people are poor and not able to pay for it, make it plain to them that you expect to do that gratis, that you do not expect to charge them a cent. I am sure that there is not a physician here today but what would rather make a great many urinary examinations and prescribe some preliminary treatment free if they could be spared the trying ordeal of trying to attend a lady in confinement, suffering with puerperal eclampsia. If they are able to pay for it, I charge them for it; but, if they are not, I take just the same amount of pains, and make it plain to them that the work will all be done gratis, and that I wanted to do everything in my power to bring them up to term in a good healthy condition.

Sometimes we accomplish things by getting the neighbors to talk to these younger women. They can sometimes make good impressions on them.

But, with reference to the meddling mid-wife, I would like to say, just along this line, that there are certain women in every community that certainly need educating, for they are always ready to go around and tell the expectant young mother, "Oh, well, it does not make any difference if your feet swell. Don't pay any attention to what Dr. So-and-so says. He is just working for a bill. When I was like you my feet were always swollen. Don't bother. You will get along all right. If I was you, I would go along and pay no attention to it." I know we have women that do just those things.

One other thought, and then I will close. I want to see to it that these expectant mothers have plenty of laxative medicine. If you don't prescribe it for them, the chances are they will not take it regularly, or not take it in a systematic way so that they can get the good out of it. I usually prescribe some laxative for them to take at least once a day, and instruct them, if that does not keep the bowels moving as much as twice, to use it twice a day, before breakfast and at bedtime, and, then, I think one more good plan is to have them take the good old e-a-l-o-m-e-l about once every two weeks until the time for delivery.

Dr. J. W. Melton (Slocumb): I just wish to say a few words in regard to what the gentleman said in the discussion of this paper. He said that this class of cases needed the attention and advice of everybody. I am sure he didn't mean that. They get too much advice, and the confusion causes trouble. They need scientific advice; they only need the advice of an intelligent physician. If he is going on record, I am sure he ought to have the privilege of correcting that, as I am sure he didn't mean it that way. It has been my experience that they get all kinds of advice. Of course, they need some good advice; but usually the advice coming from the laity is: "Pay no attention to those signs and symptoms as they come up; I was in that shape, and I got along all right." That has been my experience. They are danger signals, and they point to danger, and these women should be advised to seek the advice of a physician and get his help.

Dr. G. A. Warren (Black Rock): The custom of neglecting to call the physician is not confined to the rural districts altogether; it is not confined to this country, to Arkansas; it is universal; and, in many instances they know better, but they put it off.

Just yesterday, about five o'clock in the morning, I was called to go out and see a woman. The man sent in and wanted me to come to see his wife. I asked the man who came, "Do you know what the trouble is?" He said, "No, not for sure, It possibly is a confinement. The woman, I think, is in a family-

way." This woman and her husband had recently moved from Nebraska. I say "recently"; they moved last October, and had lived in our community since that time. The day before, Sunday, I was passing the house, and stopped and talked to the father. He and another man were on the roadside, and I stopped with them just for a moment. The husband said nothing to me about waiting on his wife. I had never seen her, and knew nothing about it. So, when he called me to come, I thought surely that it wasn't true, and didn't hurry very much to get out there. I went, but went to my office before going to prepare myself with some necessary equipment. When I got there the child had been born about an hour. And, there were two attending neighbor women, but the mother absolutely refused to let the women have anything to do with it. She refused to let them cut the baby loose. So, when I got there, he was still connected with the placenta, which was in utero. I began to question the father, "Why didn't you say something to me about this?" "Well, I didn't expect it for three or four weeks; I thought that was plenty of time." I said, "Well, this is not the first baby." "No, no, no," he says, "not by a whole lot. This is the fifth one in four years, and there have been no twins, either." I said, "You ought to know better than to do this. Aren't you ever going to learn anything? Is it possible that these repeated child-births are not going to teach you anything?" "Well," he said, "they come so often we have gotten used to it." But, that was the fifth child in four years; only about eleven or twelve months between them; a robust man, and a robust wife. The last four were boys, the oldest one a girl. And yet that was their way of looking at it. The woman had swollen feet, but no bad results followed.

Now, just a word with reference to this obstetrical work. I, too, like some of the physicians who have spoken before me, feel that I would like to throw it aside, if I could; I would like to refuse to do the work. And, yet if we are going to do general practice, we can't quit it, and especially where there are not enough men to make a specialty of doing this work. Then, there ought to be this consideration: if there is any class of work that men ought to have the money ready to pay for it, it ought to be this; because he has had nine months of preparation. It ought to be all cash work, if the man is capable of paying anything. And then, on the other side, just going to the other extreme, if there is any class of cases that the physician ought to attend, whether or not he gets a cent for it, it ought to be this class of work. He ought never to refuse to wait on a woman. It does not matter how much her husband has beat you in the way of paying bills, or has treated you mean, it probably is not her fault, and she, as a mother, needs the very best of attention, and you owe it to yourself and to your community, to her and to your country, to give it to her, and I don't think we ought to stop on the money question. It does not matter what has gone before.

Dr. T. J. Woods (Evening Shade): I rise more for information than anything else. I think the discussion has been intelligent, and perhaps ample, but, if I understand the subject, there is one feature, a very important one, of toxemia of pregnancy, that has not been mentioned, and that is, in plain English, the vomiting of pregnancy. Now, if I am rightly informed, that is one feature of toxemia, and a very frequent one, and sometimes a very obstinate one. According to my experience, I have seen more trouble with that feature than with the end results; that is to say, the convulsions during or after confinement. I have had considerable, or some experience, with the vomiting of pregnancy, and it is one of the most

obstinate features of the case that I have had any experience with.

I recall these two cases, the most obstinate cases that I have ever seen, who were patients of other physicians. I was called in at a late stage. They had done everything, they said, that could be done. They had ransacked their literature and all of the traditional remedies they could think of, without any relief whatever. The patient was still going on, vomiting; not able to retain any nourishment; gradually dying. I remember one instance, I was accused of trying to murder my patient; that is, in a way. Nothing had had any effect at all. I put out ten doses of calomel; five grains in a dose. I said, "Now, you give her one of those doses every three hours, and don't you miss a minute. Every three hours, now, until you get results." I don't know how many doses were given, but we finally got results. But we didn't relieve the case; the relief was temporary, or of short duration. So, I then, as a final resort, advised the examination of the cervix. The case was about five months in advanced pregnancy, and had been in that condition about three months. That is, had that vomiting about three months. So, on examination of the cervix I found a fissure, just a little marked, on one side of the cervix. So, I made an application to that of iodine and carbolic acid mixed, and that afforded immediate relief. The patient's nausea was relieved, and went on normally to full term; had a normal delivery, a healthy baby, and the mother did well. I have had other similar cases.

Now, according to my conception of these cases of toxemia, it may affect the patient in one way or another, depending somewhat on the temperament, and on the general condition or physical condition of the patient. If there is any predisposition to uterine troubles, why, the force of the ailment, perhaps, will be spent on that particular organ, and the vomiting of pregnancy results from that. Now, I just wish to mention these things for my own information, more than anything else.

Dr. Wm. Breathwit (Pine Bluff): It has been my duty to see quite a few cases of toxemia of pregnancy, from the standpoint of the ophthalmologist, making an intraocular examination. I have seen so many of these, and have looked over the case reports so often, that I have come to absolutely discredit and place as of no value a urinalysis that does not reflect, after centrifugalization and microscopic examination, the amount of urea excreted. An examination of the urine in toxemia of pregnancy that does not reflect the amount of urea that is being excreted, does not convey to your mind the condition that really exists. If you will think of this from a real scientific standpoint, I think you will agree with me that those conditions should prevail. Often times we find urine that does not reflect albuminuria, from a chemical standpoint, or, it may reflect albumin from a chemical standpoint, but does not convey to your mind the condition of that kidney. Whereas, if you will take that urine and centrifugalize it and put it under your microscope, you get a picture before your mind as to how much injury has been done. If toxemia of pregnancy means anything, to my mind it means a lack of elimination of urea or waste products. And, a urinalysis that does not reflect the amount of urea excreted as it should, does not carry to your mind a picture that you should have.

There is a comparatively recent treatment for the toxemia of pregnancy, that I have heard advocated by some right strong men recently, that rather appealed to me, and that is spinal puncture, and draining until the spinal canal is comparatively dry. I simply offer that to you as a suggestion coming from some rather strong men. I haven't seen it in the literature.

Dr. Altman (in response): I cannot add very much. I will answer some of the questions raised. I realize that my paper was incomplete. I left it incomplete purposely, because my idea in writing this paper was to bring out the importance of recognizing these conditions earlier. Of course, the data that I gave in my paper is not original with me. My intention was not to tell you anything new. But, there are some lessons that we cannot learn too well. As to not dealing with pernicious vomiting of pregnancy, as I mentioned in the outset, I only dealt with the milder forms, as I consider the pernicious vomiting of pregnancy one of the graver forms of toxemia of pregnancy. Therefore, I didn't discuss that.

And, then, relative to the treatment, I only proposed to discuss that in general terms.

I am very glad to have heard the discussion, and I feel like I have learned more from the discussion than I have been able to tell in the paper. I thank you.

THE DANGER OF DELAY WHERE SUBMUCUOUS RESECTION OF THE NASAL SEPTUM IS INDICATED. TECHNIC INVOLVED.*

L. Herbert Lanier, M.D.,
Texarkana.

Deviation and deflection or split septum causes nasal obstruction, and the chief symptoms of nasal obstruction are (1) Inability to breathe freely through the nose; (2) an alteration in the voice; (3) a characteristic facial expression; (4) the presence of a discharge from the nose, or at the back of the throat; (5) swelling or redness of the external nose; (6) itching in the nostril; (7) headache; (8) vertigo; (9) aprosexia, or want of power to fix attention upon any particular subject; (10) impaired general health; (11) defective developments; (12) deformity of the chest; (13) hypochondriasis and melancholia; (14) shallow breathing; (15) elongation of the uvula; (16) sometimes spasmodic cough and asthma; (17) nightmare and distressing dreams; (18) snoring; (19) constant and oft-recurring catarrh of the pharynx, larynx, trachea and the bronchi; (20) restlessness, twitching and even convulsions in young patients; (21) sneezing; (22) perversion of the senses of smell and taste; (23) sensation as of a movable body in the nose; (24) deafness; (25) eye affections; (26) chorea, dyspepsia, gastralgia, palpitation of the heart and muscular rheumatism.

Certainly any pathologic condition responsible for such a long list of alarming symptoms, should be corrected at the earliest possible time.

Dr. John W. Durkee in the New York Academy of Medicine, endeavored to prove, whether true or not, the statement often found in the literature of otology, that back of a nasal obstruction, in the posterior part of the nose and nasopharynx, and in the eustachian tube and middle ear, there is, during inspiration and during the act of swallowing, a negative pressure that is greater than that in the normal nose, and that this increased negative pressure is a common cause of ear disease, especially chronic catarrhal otitis media. Dr. Durkee did not believe this to be true; but Dr. Hays in discussing his paper (regardless of what others might say), said, "that he had seen many cases of deafness associated with pathologic conditions in the nose and throat. We are wont to be careless in our examination of the nose and throat in our ear clinics; but in private practice, where examinations are more thorough, it is surprising how often we find abnormalities which not only need correction, but which prove by the increased hearing that such deflection has been the basic fact in the trouble." His explanation is that the proper tubal ventilation is established. Some years ago he investigated a number of cases of deafness, paying particular attention to nose and throat abnormalities, and in a number of these cases nose and throat operations were performed and an improvement in the hearing was noted.

TRAUMATIC DEFLECTION.—Deviation of the septum from injury occurs most frequently in childhood, although it may not be recognized until adult life. Children are subjected more often to injury of the nose, and at the same time little attention may be given to the injury, which may later result in a serious deflection.

Many cases are due to blows upon the nose, such as received in football and baseball games, also through fighting and in many cases great difficulty may be experienced in determining the cause of deflection. But deviation or deflection from diseases is very common. Superficial ulceration in syphilis, tuberculosis and in lupus without actual perforation, may cause deflection and deformity. Simple ulceration, as well as ulceration following diphtheria and typhoid fever, are also factors in deflection. Perichondritis, whether associated with any specific inflammation or not may result in deflection. Enlarged tur-

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

binated bones by pressure on the septum with the resulting inflammatory changes will produce deflection. The same can be said of tumors.

It is vastly important to make as little scar as possible, as the scar tissue contracts and lessens blood supply not only to the immediate scar, but to the surrounding tissue. Secretion is interfered with and the individual will have crust formation in the area of the scar tissue.

OPERATION.—There are many methods of operation for the same variety of deflection, some better than others. If any method for any particular deflection is carried out according to the details given by the originator and applied to the proper deflection satisfactory results can usually be obtained.

Many so-called new methods have been published, and the originators, equally sincere, have pointed out why their particular method is the best, ignoring the fact that each must be based on the same mechanical law. There are also manifold variations in the character of septal irregularities; so that no one method can be closely adhered to in the correction of all deflections.

The object then to be obtained in every case is to replace or restore the septum to the median line, having on each side as nearly a plain surface as possible; thus equalizing the size of the two nostrils and establishing free nasal breathing, and at the same time leaving the straightened septum covered with functioning mucous membrane.

Rare indeed, however, will the even moderately conservative surgeon governed not by fear, but by the principle of fitness, find in his cases of septal deflection occasion to remove only a small portion of redundant tissue, so that the septum may be swung into the median line; while in others of more marked deflection the overgrowth of tissue will necessitate more extensive removal. The sub-mucous resection, then, of a portion of the septum, bony or cartilaginous, is only justified when it is necessary to correct the deformity and allow the septum to swing into the median line, and just sufficient to allow this.

In preparing the patient for a septal operation, the nasal cavities should be thoroughly cleansed with a normal saline solution, and the upper lip and external portions of the cheeks and nose carefully scrubbed with a solution of bichlorid of mercury 1-5000 or alcohol. All hair should be cut away from

the interior of the nostrils; both for purposes of cleanliness, and also to enable the operator to better observe the field of operation. Twenty grains of sodium bromid administered a half hour before the operation will act as a sedative, and add to the patient's comfort.

The length of time taken to properly perform the operation is usually thirty minutes. It is preferably performed under local anesthesia. The crystals of cocaine when rubbed upon the septal surfaces with a moistened pledget of cotton, or applicator previously dipped in 1-1000 adrenalin chlorid and then into cocaine, will more rapidly produce anesthesia. It should be applied high up on both sides of the septum.

The operation preferably should be done in a hospital; but if done in the operator's office, the patient should not walk home, but should ride in some conveyance.

A vertical incision three-fourths inch long is made through the mucous membrane, and perichondrium of the convex surface of the septum in front of the deflection. Having separated the mucous membrane from the septal cartilage over a wide area upon the side of the primary incision, a vertical incision is made through the cartilage to the perichondrium of the opposite side; following the line of the primary incision in the mucous membrane. Great pains should be taken not to wound the mucous membrane of the opposite side. Some prefer to scrape through the cartilage to the perichondrium to the opposite side with a small curet. A small elevator is passed through this incision, or excavation, in the cartilage, and the perichondrium and mucosa are carefully separated from the cartilage upon the opposite side of the septum. The cartilage is then removed piecemeal with a cutting forceps, or, preferably, in its entirety with the Ballenger swivel knife, leaving sufficient cartilage to maintain its symmetry and avoid the so-called "saddleback" nose. Now the removal of the deflected portions of the vomer, the perpendicular plate of the ethmoid and maxillary ridge is begun with Ballenger's bone cutting forceps. After spreading open the primary incision, I prefer to have an assistant to hold the two mucosa curtains apart with a hand retractor.

To gain access to the maxillary ridge, a sharp separator is often necessary to separate the periosteum along the floor. The ridge is removed either by cutting forceps or the Kil-

lian crotch chisel driven with a mallet. Success depends upon the complete removal of all parts of the septal framework involved in the deflection or obstruction.

If an injury has occurred to the membrane of the opposite side, a suture should be used. A douche of normal saline solution should be used to wash out debris of excised cartilage.

The convex side is packed well back with sterile vaseline gauze sufficient to fill the cavity, after first placing a strip of sterile rubber tissue. A similar but lighter packing is placed on the concave side. After twenty-four hours the packing is removed and dispensed with, and the nasal cavities are douched daily with a normal saline solution.

The suture, if any, removed in a few days, and if no accidents have occurred the patient will have recovered entirely.

DISCUSSION.

Dr. H. Moulton (Fort Smith): The paper was a very timely one, and dealt with a very timely subject. It so well covered the ground that there is hardly much to add. The operation of submucous resection of the septum is a rather tedious operation. While the author says that many cases are completed in half an hour, many cases require twice and even four times as much time as that. So, in the end oftentimes it becomes quite a formidable operation. Yet, it is surprising how well these patients stand tedious operations in the nose; oftentimes more fatiguing to the operator than it is to the patient. In view of the fact that it is rather an extensive operation, a patient should not be subjected to it unless some definite improvement can be reasonably expected. A majority of us have a crooked nasal septi. A perfectly straight one is the exception. Oftentimes we will find deflections that partially obstruct one side of the nose and produce no symptoms whatever. Such cases should not be interfered with. But, of course, if the obstruction produces symptoms, relief is always to be considered. Of all the operations that have been advised for relief of deformity of the septum, this one is the most satisfactory. The bending operations are often disappointing, even when done by the most expert. Sometimes a thickening on one side or a sharp spur can be removed by the saw, and the patient relieved. When this can be done, such an operation is much less tedious and trying. There is much less traumatism, recovery is much quicker, and, where it will give relief, is the operation of choice. And, these operations are often recommended for deaf people. It is well known that obstructive diseases of the nose cause more deafness than any other trouble. Yet, in approaching one of these cases, where there is deafness, and an obstruction of the nose, one must exercise extreme care because obstructive disease of the nose is not the sole cause of deafness; you may have deafness in the presence of obstructive disease of the nose, which is due more to some entirely different cause than the obstructive disease of the nose. For instance, you may have an sclerosing osteitis of the labyrinth, in which case the diagnostic signs, many of them, are identical with the diagnostic signs of catarrhal deafness.

Another class of cases in which you have deafness, and in which there may be an obstruction of the nose at the same time, are those cases in which the deafness is due to degeneration of the auditory nerve

somewhere in its course. Now, if you have either of these two conditions to deal with, and, promise your patient benefit to his hearing by your operation, your patient will be disappointed and your operation will be discredited. Of course, it might be desirable to do the operation for other reasons, but the diagnosis as to the cause of the deafness should be carefully made in every case before the operation is done, so that the patient can be exactly informed as to what he may expect and what he may not expect.

Dr. Lanier: I have nothing to say in response.



U. S. Food Administration.

'Sides savin' fats en wheat, we got ter save sugar. De bes' way ter save sugar is ter use syrups en honey.

A nice li'l pitcher full er 'lasses conveyed by a fleet er buckwheat cakes is one er de bes' ways to "get crost" wid de sugar projick,—en it saves wheat flour too.

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THE COMMON HOUSE FLY.*

By O. L. Howton, M.D.,
Oseeola.

From the earliest times man has been led to believe that sickness is hereditary or comes from causes entirely beyond his control, and that we have nothing to say or do about our afflictions. However, investigators have been searching relentlessly for the actual causes of diseases, and it has been determined that the common house fly (*Musca domestica*) is one of the most dangerous and frequent spreaders of disease.

History has always described the fly as a pest, ever since the plagues of Egypt, as mentioned in chapter eight of the Book of Exodus. History repeated itself again in 1909 when another plague of flies occurred in Cairo, Egypt, after a lapse of three thousand years. But on this occasion it was followed by the death of the newly born, not merely the first-born as in the Biblical story, and it affected Jews and Gentiles alike.

For two centuries various writers have stated in more or less positive terms that flies and other insects may convey disease, but it was not until the discoveries of Pasteur, Lister, Koch and Eberth, that the question of fly-carriage of disease assumed larger proportions and began to be investigated. Then came the discoveries that malaria is transmitted only by the infected female anopheline mosquito; that yellow fever is transmitted only by the *Stegomyia* and that typhoid and dysentery are spread largely by house flies.

These discoveries alone made it possible for the United States to build the Panama canal along the same route where France had failed, and this one instance of sanitation will ever stand out as a monument to the victory of knowledge over ignorance. The Isthmus, although in one of the hottest climates in the world, was, through efficient sanitation, changed from a pest-hole to a spot as fit for human habitation as any place on the globe.

The domestic fly belongs to the order of insects known as "Diptera." It passes through the stage of egg, larva, pupa, and imago, as it is called when full grown. When mature, the fly is a stout, bristly, hairy, two-winged, six-legged, filthy, flying insect.

The fly is very prolific. She lays about one hundred and twenty eggs at a batch, and about four batches during her lifetime. Each egg is oval or banana-shaped and may be seen with the eye to be about one-twentieth of an inch in length. The fly lays her eggs preferably in the manure heap or in the carcass of dead animals or fowls. The eggs hatch in from eight hours to four days, according to the weather conditions and character and temperature of the material in which they are laid. The fly passes through the several stages to maturity within about fourteen days. One female fly can reproduce one half billion within thirty days, therefore, it is better to prevent their breeding than to undertake to "swat" them individually.

When the fly throws off the chrysalis and is strong enough to fly, she is now perfectly free and easy, and sails away in search of food and adventure. She knows no health laws, no city ordinances nor property lines. She feels free to pass from one back yard to another and can roam and feed and sleep and perpetuate her species and is ruled only by the temperature, weather conditions and screen doors.

She knows when dinner is ready and is usually on hand for her share. The fly works during the day and rests during the night. Although she has no eyelids, she can sleep sound on the edge of the cream pitcher or on some article of food, under a very strong light.

The fly has no friends to assist her in fulfilling her mission of spreading filthy disease and death; but she has many enemies, the greatest of which is man. The fly also is man's greatest enemy. Humanity has justly declared war on the fly and the fight must go on to the end of time. While we consider the enormous toll of human lives lost from disease scattered by the fly, we must admit that she is a powerful and dangerous foe. It is safe to say that flies have been the cause of more deaths, by spreading filthy disease, than all the shot and shell in all the wars of the world. For centuries we have endured the fly without knowing but little of her work; but now we do know she is dangerous, and we should conduct the fight against her intelligently to insure her defeat.

It has been said that many of our ills are born of little things; the statement certainly applies to the fly in relation to the communica-

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

ble diseases. Many diseases are borne by flies, and flies are little things producing big effects in a community.

Besides their disease-carrying proclivities, flies are a disgusting pest which should be put down on this account alone, if possible. The fly is ubiquitous or omnipresent, and therefore we can never hope to completely exterminate her; but if the entire community could realize the dangers of this pest, and observe common sense sanitary precautions, she can be easily reduced in numbers and the fly-borne diseases may be prevented accordingly. The fly loves filth and hates cleanliness, and no amount of effort by the health authorities or expenditure by the government can overcome "individual carelessness."

Neatness and cleanliness must begin in the home. No measure can be very popular until it is generally understood, and the people are entirely too slow to consider new measures, even if it is for the preservation of public health, unless they think it will be a popular one. This may be due to ignorance, or to that apathy which exists concerning diseases which destroy human life. The prevention of disease is a matter which concerns established authority; but established authority is slow to move until it is pushed by the weight of public opinion. Therefore, all public health work depends largely upon the cooperation of every individual citizen.

Flies kill thousands of people every year and most of the victims are little children under five years of age. It is not the number of babies born, but the number that are saved that count. Every baby is an asset to the community and is the very hope of the nation. Therefore, we should give each child a fair chance to become an efficient unit in our civilization and surround it with all possible protection from disease. Being born more helpless than the brute creation and into an inheritance over which it has no control, among filth, flies and disease, the care and environment of the child should be such that it may have at least a fighting chance for its existence.

DISCUSSION.

Dr. W. M. McRae (Little Rock): I consider that this subject ought to be given some special notice. The extermination of the house fly is a pretty big question. Personally, I believe there will still be house flies here when we are all gone. "Swat the fly" is a popular expression nowadays, but it looks like, where you swat one, ten come back. There is

an old adage, "We cannot keep the evil birds of discontent from flying past our door; but we can keep them from building their nests in our homes." I don't believe that we can kill all the house flies; at least that is an ideal that is a long ways off. But, we can certainly put screens in our houses and keep them out of the homes, and that, to me, is the most important thing to us today. That is to say, talk screens to all of our patients and to all the homes that we go into; talk it to the fullest extent; and also talk sanitation of the home and the surrounding premises of the home; so that our house flies, if they do happen to get into our houses, will at least have as clean feet and clean mouths as possible, because some of those flies are going to get in there.



U. S. Food Administration.

Ol' Br'er Rabbit better make hissef mighty skeerce en not go pro-jickin' roun' whar dere's cookin' goin' on, 'cause a rabbit in a pot is er goin' ter look mighty good to mcs' ennybody 'fo' long 'count er folks havin' ter save on meat. 'Sides folks'll kinder have ter save de wheat flour fer comp'ny en eat bread made outen dis yere "substitute" flour. Dat wise ol' owl done say dat to win de war you got ter feed de sojer boys dat's doin' de fightin'. Dat's w'at's takin' de wheat en meat.

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

START A MEMBERSHIP CAMPAIGN.

The annual session in May adopted the resolution introduced in 1917 which, under the rules, laid over for one year, making undergraduates in active practice, eligible for membership in the Arkansas Medical Society. This gives an opportunity for a campaign to get all eligibles into the County and State societies. Having made undergraduates eligible the next thing is to impress them with the benefits of organization. The demand for physicians for the Medical Reserve Corps and active service is so great that in some counties there is difficulty to obtain a quorum to hold meeting of the local medical societies. The new members are apt to not fully comprehend or appreciate the advantage of joining the society. The older ones know what benefits they derive from membership.

The great strides made in the last few decades in sanitation and public health, in medicine, in surgery and in research work have been made possible only through organized effort. It is the old story of the dying man with the bundle of sticks. His boy could not break the bundle of sticks, but, separated the sticks were broken with ease, singly. Moral: in union there is strength. One lone physician for instance, might talk of the necessity of laws to prohibit marriage of the unfit until he contracted paralysis from much conversation. All he would accomplish would bring ridicule upon himself as a crank or an impractical idealist.

But when so distinguished a body as, for instance, the New York Medico-Legal Society, takes the matter up, it receives the thoughtful attention and perhaps action of law-makers. The same is true of great sanitation problems, disease prevention, quarantines and research work in many fields. These are made possibly only by hearty co-operation and organized effort.

The meeting of physicians in organized societies, City, County, District, State or National, are the places par excellence, in which to learn. The doctor who believes that he has nothing to learn really only thinks he is a doctor. At these meetings there are reports of cases, exchange of valuable experience, and it may even be that the wisest of those present may learn something from the most humble member. Let the Councillors and the

County Secretaries enter upon a campaign to secure new members and let the members themselves try to induce the new eligibles to join. In this way the Arkansas Medical Society may recoup its membership thinned out by the demand for war service.

OUR STATE MEDICAL SCHOOL—THE OPPORTUNITIES IT OFFERS.

The Journal wishes at once to indorse and commend the excellent paper read at the May meeting of the Arkansas Medical Society, by Dr. A. R. Stover, on the "Opportunities Offered the Arkansas Young Men by the State Medical School." One sentence stands out as epigrammatic and your true epigram conveys a world of meaning in a sentence. That sentence in this case is: "If Arkansas Schools are not good enough for our young people, let us make them better."

Would that every Legislator would grasp the full significance of this sentence!

The one factor that has for many years kept the Arkansas Medical School out of Class "A" has been the lack of funds. In past years our State Legislature has not been impressed with the importance of providing sufficient appropriations for either the School or Health Service. We are glad to note a disposition in the last Legislature and the one preceding the last to be a little more liberal; but this most important field in our State welfare and progress is still largely undeveloped.

The amount for the two year term appropriated by the last Legislature is \$52,000, and that amount, close as it is to the minimum, is larger than has been given in former years. Meanwhile the school has been vastly improved. Modern apparatus and supplies have been installed equal to those to be found in almost any other school with an equal number of students, and the library, chiefly by donation, has grown until it now contains approximately 5,000 volumes, and new reference books are constantly being added by purchase, while the leading medical magazines of the world are subscribed for. The privileges of the library are not confined to the students, but are available to all members of the Arkansas Medical Society. There is this to be said also, that with a smaller number of students than attend the larger and more pretentious colleges there is increased opportunity for individual instruction. The standard requirements for

entrance have been raised so that the applicant must have had at least two years college work and this is as it should be.

Texas, several years ago, adopted a slogan "Keep Texas money in Texas"; Arkansas may well apply this doctrine to herself. And it is not only a question of money—it is a matter of State prestige and pride also.

How can we consistently invite capital and immigration to the State if we fail to demonstrate our own faith in her institutions? It has always been a handicap to developing states—not alone Arkansas—that their own people have found distance lending enchantment to the view. Centuries ago the words were written that a prophet is not without honor, save in his own country and that nothing good can come out of Nazareth. It is today as it was of old. People patronize mail order houses in other cities and states for articles they could as well buy at home. To fill positions, not elective, men are brought from other states when this State probably has men just as able. We must learn to have confidence in our own State, its resources, its people and institutions before we ask others to have confidence in them.

This is the idea which is suggested by the careful perusal of Dr. Stover's admirable paper. The paper was published in full in the July issue of the Journal and if it chanced that you failed to read it, go back to the last issue and read every word of it and the record of the debate which followed.

There is one other thought which should be emphasized. The demand of the war for physicians and surgeons makes it imperative that every effort be made to get young men into the Arkansas Medical School. Arkansas is already behind her quota of physicians in service. There was a time when the newspapers used to get funny every time there was a medical college graduating class, over the turning out on an unprotected community of so many new practitioners. Well, that day has past. Instead of too many physicians the problem will be how to obtain enough, not only for the war service, but to fill the depleted ranks for duty at home. Let every physician in the State lose no opportunity to induce young men to enter the State Medical School and fit themselves for a career which is not only at all times useful and honorable, but in this world crisis, patriotic to the highest degree.

WHY SHOULD THE SURGEON GENERAL APPEAL FOR MEDICAL OFFICERS?

Of the 146,000 doctors in the United States, it is a safe calculation that at least 70,000 of this number are within the age limit, from 21 to 55 years, and are physically and morally qualified to serve as Medical Reserve Corps officers.

Why, in view of this fact, the Surgeon General's office should be hard put to secure a sufficient number of medical officers to supply immediate demands and to furnish a Reserve force of between forty and fifty thousand doctors is not quite comprehensible.

Every qualified physician, knowing how essential his services are to his country at this particular time, should consider it not only his duty but a privilege to take part in this glorious struggle for humanity and democracy.

This is the time when individual opinion must be sacrificed for the benefit of the whole and the time is near when every doctor must be in one of two classes: either a member of the Medical Reserve Corps, United States Army, or in the Volunteer Medical Service.

If you are between the ages of 21 and 55 years, and there is a doubt in your own mind as to whether you are qualified or not, let the Surgeon General determine this matter by applying at once to your nearest Medical Examining Board for a commission in the Medical Reserve Corps.

A CALL TO DUTY.

From the battle fields in France there comes an unspoken call that should find an answer in every American's heart. The recent great events in Europe, the successes of American arms on the fields of France should spur every American to greater effort.

Our people at home should not rest on the laurels of our soldiers in France. Every death on the field of honor in the line of duty and for our country's cause should be a call to us for every sacrifice and every exertion to aid the cause for which our soldiers are fighting, for which our soldiers have died.

Increase production, decrease consumption, save, and lend to the Government. Every cent lent to the United States is used to support, strengthen, and aid our soldiers in France.

YOU ARE DOING IT.

Every time you read, you purchasers of Liberty Bonds and War Savings Stamps, of what the United States is doing in France in building wharves and railroads, or deluging the Germans with gas or shelling them out of position with big guns or shrapnel, or of bombing their arsenals or cities, or of the great work of our Army and our Navy, or of the building of ships here, or of any or all of the great or small achievements of America, here or abroad or on the seas, you buyers of Liberty Bonds and War Savings Stamps truthfully can say, "I had a hand in this"; "I contributed to this"; "I am helping to do this"; "It is part my work."

Editorial Clippings.

PREOPERATIVE PURGATION.

The recent communication by Peet¹ in The Journal, relating to the subject of catharsis before surgical operations, supplements the contentions of Alvarez² of the Hooper Foundation for Medical Research that purgation as a routine preoperative procedure should be abolished. In his studies on the intestine, Alvarez had noticed that after vigorous catharsis the isolated musculature is no longer as responsive as normally to stimuli and is fatigued with greater readiness. The bowel as a whole may become unduly filled with gas and fluid, the circulation of the intestine somewhat impaired, and the peristalsis deviated from its usual manifestations. In this way it was believed that much of the gas distention, post-operative ileus, and perhaps the nausea and vomiting may be partially accounted for in patients who have undergone surgical operations.

Peet has accentuated the difficulty thus encountered by asking what is expected to be gained through the preparatory evacuation. We suspect that most surgeons would be compelled to answer this query either by a meaningless platitude or by a confession of ignorance. The evidence for a need of or advantage in the customary "emptying" of the bowel by laxatives is, indeed, not easy to find. Sterilization of the interior of the intestine

1. Peet, M. M.: Rational Preoperative Treatment with Special Reference to Purgation, The Journal A. M. A., July 20, 1918, p. 175.

2. Alvarez, W. C., and Taylor, F. B.: Changes in Rhythmicity, Irritability, and Tone in the Purged Intestine, Jour. Pharmacol. and Exper. Therap., 1917, 10, 365. Alvarez, W. S.: Surg. Gynec. and Obst., 1918, 26, 65.

is out of the question as a practical possibility, and there is little indication that anything seriously toxic is removed by such catharsis. On the other hand, it is not unlikely, in view of these studies, that this procedure, attended by fatigue, and often by loss of sleep, is a positive detriment to the patient and an actual cause of some of the familiar postoperative discomfort, if this mild term sufficiently designates the distress referred to. Peet significantly comments on the uneventful convalescence of patients after emergency operations for which no preliminary therapy was instituted.

A further item is worthy of consideration in this connection. Catharsis leads to loss of water and intestinal secretion. If this is not compensated there may be distress from this cause. Crile³ has lately remarked, in reference to postoperative feeding, that even at this stage of medical knowledge the supreme value of water is not fully appreciated and its administration is often neglected or mismanaged. How much more serious is this incrimination when preoperative losses are freely induced by purgation. At most, therefore, Peet recommends simple enemas as a means of emptying the bowel before operation. If his contention is correct that, where the more drastic habitual procedure is abandoned, postoperative thirst, nausea and vomiting, abdominal distress and gas pains occur much less frequently, the appeal to abolish something sanctioned by custom deserves to be heeded.—*Jour. A. M. A.*, July 27, 1918.

Abstracts.

TRAINING CAMP AT FORT RILEY.

W. M. Bispham, Fort Riley, Kansas, says (*Journal A. M.*, July 20, 1918) that it is not necessary to show the reasons for the establishment of training camps for the Medical Department. The view was held from the beginning the proper principle to go on was to make medical officers 100 per cent military men, and in this way they would be of more value to their government in whatever position they were placed. There has been nothing in the course of months of experience to change this view. In the beginning, therefore, the course as outlined was distinctly military, with, of course, a considerable amount of professional instruction along med-

ico-military lines. The keynote has always been discipline, not servile, but it was impressed on the physician from his arrival that in doing any work with the army in the field ready and willing obedience to regulations was a first essential. It is well understood that the physical condition of the soldier of today, whether in the line or the medical department, must be as perfect as it can be made. The physical instruction is progressively more strenuous, and the results have shown that a three months' intensive course makes the officer leaving the camp capable of performing all his duties. The medical officer in the army comes in very close contact with the enlisted man, and unless he understands the point of view of the latter, he is incapable of performing his duties as the government requires. Therefore, at the training camp he is put practically in the position of the enlisted man, in barracks, in which his rank of lieutenant, captain or major is ignored. This basic course is continued for three months, and he further receives instruction in Army Regulations, the manual of the Medical Department, and all the medico-military work which he ought to know. The last half of the course is taken up with actual field instruction, giving the officer maneuvers and field services in which he takes an active part. It was soon found, also, that something more than the mere military instruction could be profitably given. Certain special branches of medicine require more attention in military work than in civil life, and separate training schools were established to meet the need, one of these at Fort Riley. Some of the most important men, in their lines, were sent as instructors, and the clinical material at the base hospital at Fort Riley permitted a very high class of instruction to be given. In the army the preventive side of medicine properly receives more attention than in civil life, hence special schools were established for instruction in sanitation and prophylaxis, and attached to this department a sanitary laboratory to enable the medical officer to study under practical demonstration the sanitary appliances used in the field and experiment with new ones. The enlisted men of the medical Department were trained both generally and in special organizations, such as ambulance companies, field and base hospitals, etc., and the officer in training comes in close contact with these units. The results have been excellent. The effect on the individual as regards *esprit du*

3. Crile, G. W.: *Dietotherapy*, edited by W. E. Fitch, 1918, 3, 646.

corps and general character and conduct is striking.

NERVOUSNESS IN SOLDIERS.

The general acceptance of the term "shell shock" by the medical profession is criticised by Foster Kennedy (New York), France (*Journal A. M. A.*, July 7, 1918). He considers it rather a psychoneurosis induced, it is true, by shock, but due to the nonadaptation of the subject to the conditions and the easy acceptance by him of the actual disease in his case. The author defines the term "morale" in this connection, and says that the emotions of fear and pain are the machinery of self-preservation, that constant exposure to imminent destruction in war produces a tautness of the nervous system without necessarily conscious realization. Men may not feel conscious fear but it exists in the nervous system below the conscious threshold. The British soldier, the author says, is not much given to self analysis and investigation of his emotional processes, but tactful questionings have brought out the fact that after being wounded there is almost always a period of mental rest. In spite of the pain, the man feels that his obligations to others are in abeyance and he is relieved from anxiety caused by seeing others horribly injured or destroyed. The converse situation, in which the soldier suffers the stupefaction and bewilderment consequent on exposure to heavy shell bursts near at hand, and the feeling that the experience must be repeated indefinitely with almost certainty of ultimate horrible mutilation or death, the conscious morale and idealism of the man become drowned with the fear of death, and the longing for safety becomes overwhelmingly insistent. In different persons this conquering of the higher altruistic instincts occurs in different ways. Most often it is the result of profound fright, but in other cases there may be emotional complexes almost completely overcoming the will power. The subject, the author says, is confused by inadequate classification. "I have used the term 'generalized psychoneurosis' to include those patients whose inability 'to carry on' is the result of their mental and emotional conflicts having been decided against their higher selves, whose morale has given way before the aggrandizement of their emotions of self-preservation; these are the tremblers, the amnesic, the disoriented, those with night and

day dream deliria, the stuporous. The anxiety neuroses are a milder type of the same great category, are most often developed in officers, and result from prolonged strain and mental conflict rather than from single external catastrophe." Associated with the foregoing symptoms or occurring independently are various perversions of localized function, usually called hysterical stigmata, generally the result of localized suggestion on an already apprehensive mind. Two illustrative cases are given. The psychologic character of the problem and its successful treatment call for accurate technical knowledge and precise weighing of evidence so that the physician can speak with confidence to his patient. He says that we are indebted to Freud and his school for our realization neurotic symptoms may be produced by the antagonism of mutually incompatible emotional trends. The experience of this war demonstrates the general correctness of this principle, but still more definitely disproves his deduction and that of his followers that the sexual instinct in various disguises is the only possible dynamic force involved. Shell shock is, according to Kennedy, a sort of unconscious hysterical cowardice and the term of a very inapt one. Hysteria is unsuitable for its designation. The simple word "nervousness" covers all the neurotic manifestations seen in war. The diagnosis would have to be divided into nervousness (sick), and nervousness (wounded), and he thinks that the change in military nomenclature would make it clear to both soldiers and civilians that return to the home or base is not essential, and clearly indicate the propriety of dealing with such cases, both as regards diagnosis and treatment, in rest camps and especially work camps in front areas and on lines of communication.

SYPHILIS.

The following are substantially the conclusions of an article by A. E. Sterne, Indianapolis (*Journal A. M. A.*, July 13, 1918), on the interpretation of the negative laboratory findings in syphilis: 1. A positive Wassermann of the blood and especially of the spinal fluid in temperate climates means syphilis and syphilis only. 2. A negative serum Wassermann reaction of even a negative spinal fluid reaction, is not a positive indication of the non-existence of syphilis in the patient. 3. Laboratory tests are merely clinical signs

that may be present or absent at times like other symptoms, and there always should be tests made of both blood and the spinal fluid. 4. They can be correctly interpreted by weighing them, together with the clinical history, and this point is specially emphasized. 5. The laboratory expert and the clinician should co-operate more closely than is usual at present. 6. The laboratory findings should fit into the clinical syndrome and not vice versa. Each of these postulates is separately discussed and much importance is attributed to the possibility of the coexistence of non-syphilitic disease and its misinterpretation in the laboratory reports.

Personals and News Items.

Dr. and Mrs. J. C. Swindle, of Walnut Ridge, visited in Little Rock last month.

Dr. and Mrs. C. E. Witt and their daughter, of Little Rock, are visiting in Colorado.

Dr. and Mrs. F. L. French, of Little Rock, have returned from Wisconsin.

Drs. C. E. Bentley and W. E. Scissors, of Little Rock, have returned from Chicago.

Dr. J. M. McBee, of Earle, is building two brick building to replace the ones recently burned.

All the physicians of Grant county have volunteered for service in the Medical Reserve Corps.

The doctor who fails to read the advertisements in his medical journal is sure, sooner or later, to miss something of benefit.

Dr. J. C. Geiger succeeds Dr. C. C. Pierce and Captain Weldon as head of the work of the United States Public Health Service in Little Rock and Lonoke.

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All papers, news items, reports of county societies, and any matter of medical or scientific interest should be sent to Dr. Bathurst, 810 Boyle Building, Little Rock, Ark.

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by patronizing them. Be sure to let them know that you saw their advertisement in our Journal.

Each member of the Arkansas Medical Society is entitled to receive a copy of the Journal every month. Any member failing to receive his copy will confer a favor by notifying Dr. C. P. Meriwether, 214 Southern Trust Building, Little Rock, Ark.

Physicians visiting in Little Rock during the past month include: W. W. Ward, Alexander; Earle Hunt, Clarksville; Hugh Henry, Eagle Mills; R. N. Smith, Augusta; Wm. Breathwit, Pine Bluff; F. L. Nelson, Corning; Don Smith, Hope; O. R. Kelly, Sheridan.

Dr. Herbert Lanier, Lieut. M. R. C., U. S. Army, Texarkana, has been appointed examiner for the Medical Reserve Corps. The appointment of an examiner at Texarkana is expected to prove convenient for many physicians who contemplate going into the service.

Application for a commission in the Medical Reserve Corps, U. S. Army, is in the nature of preparedness, and the medical profession must maintain its honorable history of always being ready to serve humanity, and therefore it will be much better to have an excess of men in commission than it would be to wait until disaster has arrived before offering your services.

Every time you stick a Thrift or War Savings Stamp on your card you are mailing money to yourself to be received later with interest. Cashing in these stamps is going to be better than "getting money from home," for with the money comes the reminder that you contributed to the great victory which then will have been completely won.

The Cutter Laboratory of Berkeley, Calif., has for twenty years been serving the physicians of the country; but in order to better meet the requirements of the profession, they have reorganized and enlarged their Chicago office, and are better prepared than ever before to serve the interest of our readers. Accordingly this journal has accepted their page announcement, and is printing that announcement in this issue. If you find their service available for your practice, we bespeak for the Cutter Laboratory a share of your patronage.

DOCTORS' BASKET DINNER.

Under the big elm trees in a most beautiful grassy spot at one of the largest and finest bubbling springs in the Ozarks, Springtown, on an ideal day of June 11, at their Annual Session, the Washington and Benton County physicians assembled with their wives and a few friends, numbering about sixty. They were supplied with lots of baskets filled with the many good things to eat and six gallons of ice cream to finish up on.

Dr. L. Kirby of Harrison was the principal speaker. He gave us figures and facts relative to the doctors and the war, and requested all the doctors to fill out and sign the medical questionnaires he was distributing. An auxiliary war committee was appointed consisting of C. A. Riee, J. T. Clegg and R. S. Riee.

Those present from Washington County were: Drs. E. F. Ellis and wife; J. W. Walker and wife; R. T. Henry and wife; C. E. Swift and wife, and James Pittman and wife. From Benton County: T. M. Riee and wife; A. J. Harrison and wife; J. L. Clemmer and wife; R. S. Riee and wife; C. S. Wilson and wife; C. A. Riee and wife; L. Kirby, J. T. Clegg; G. M. Love and wife; T. C. Ramsey and wife; E. J. Highfill and wife; O. C. Struthers and wife; C. E. Hurley, L. O. Green, and several invited friends were present and all enjoyed a most delightful time and felt much better for having been present.—C. A. R.

THE ARMY'S TEN COMMANDMENTS.

1. When on guard thou shalt challenge all parties approaching thee.

2. Thou shalt not send any engraving, nor any likeness of an airship in heaven above, nor any postcard of the earth below, nor of any submarine in the sea, for I, the Censor, am a jealous Censor, visiting iniquities of the offenders with three months' C. B., but showing mercy unto thousands by letting their letters go first of those who obey by commandments.

3. Thou shalt not use profane language unless under extraordinary circumstances, such as seeing thy mate shot or getting petrol in thy tea.

4. Remember the soldier's week consists of seven days. Six days shalt thou labor, and on the seventh thou shalt do all odd jobs.

5. Honor thy king and country; keep thy rifle well oiled, and shoot straight, that thy days may be long in the land the enemy giveth thee.

6. Thou shalt not steal thy comrade's kit.

7. Thou shalt not kill time.

8. Thou shalt not adulterate thy mess tin by using it as a shaving mug.

9. Thou shalt not bear false witness against thy comrade, but preserve silence on his outgoings and in-comings.

10. Thou shalt not covet thy corporal's post, nor thy sergeant's, nor thy sergeant major's, but by thy duty and perseverance thou shalt rise to the position of field marshal.—The Medical Economist.

County Societies.

CONWAY COUNTY.

(Reported by A. L. Goateher, Sec.)

The Conway County Medical Society met in Morrilton on July 23. The Society voted to adopt two French orphans for the period of one year. Also voted to raise fees, adopting the following schedule: Normal labor, \$15.00. Day visits in town, \$2.00. Night visits, \$3.00. Day visits in the country, \$1.00 per mile.

New members elected: Drs. W. E. Jones, Morrilton; J. T. Fleming, Springfield.

BENTON COUNTY.

(Reported by C. A. Riee, Sec.)

The Benton County Medical Society met in regular session July 10, in the parlors of Hotel Main, where important business was transacted, splendid papers were read and discussed. An unusually large and interesting clinic was held.

Members present: Drs. C. S. Wilson and T. C. Ramsey of Gentry; J. M. Beard, Siloam Springs; J. L. Clemmer, Springtown; W. C. Horton, Hiwasse; E. G. Highfill, Cave Springs; A. G. Harrison, Lowell; T. E. and Guy Hodges, Garfield; E. E. Piekens, Kansas City; W. A. McHenry, C. F. Perkins, G. M. Love, R. S. Riee and C. A. Riee, with O. Mulvey, M.Se., Ph.D., a visitor, Rogers.

Adjourned to meet at Siloam Springs the second Tuesday in August.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec.)

The Lawrence County Medical Society held a special session at the court house July 10, which was brimful of patriotism and military enthusiasm.

A committee was appointed which consisted mostly of physicians over 55 years of age to act as an exemption board to pass upon the fitness and general qualifications of its members for entering the service of the U. S. Army. This committee consisted of Drs. A. G. Henderson of Imboden, and W. A. Smith and T. C. Neece of Walnut Ridge.

The following were present: F. Andrews, C. C. Ball, J. W. Elders, W. W. Hatcher, A. G. Henderson, J. C. Hughes, Wm. Johnson, T. Z. Johnson, R. R. Johnson, J. C. Land, J. W. Morris, H. R. McCarroll, T. C. Neece, G. W. Parker, W. A. Smith, J. M. Stephens, J. C. Swindle, G. A. Warren, and W. H. Wilson.

FRANKLIN COUNTY.

(Reported by Thos. Douglass, Sec.)

The regular meeting was held July 2 at Ozark. Dr. Gibbons, vice president, was in the chair. Also present were: Drs. Harrod, Blackburn, Davis, Crocker, Vaught, Turner, Williams, Warren, and Douglass.

The secretary reported that he had sent out twenty-four questionnaires to the physicians of the county at the request of Dr. Kirby of Harrison and had received eighteen and of these fourteen had agreed to volunteer for the M. R. C.

The subject for the meeting was "The Venereal Disease Problem." None of the essayists were ready and an informal discussion of the subject was held and the essayists were asked to be ready at the next meeting. We then held a pleasant adjourned meeting at Burn's Confectionery.

Book Reviews.

AMERICAN ADDRESSES ON WAR SURGERY.—By Sir Berkeley Moynihan, C.B. Temporary Colonel, A.M.S., Consulting Surgeon, Northern Command. 12mo of 143 pages. Published by W. B. Saunders Company, Philadelphia, 1917. Cloth, \$1.75 net.

The papers in this volume include the following subjects: "The Cause of the War," "Gunshot Wounds and their Treatment;" "Wounds of the Knee Joint;" "On Injuries to the Peripheral Nerve and their Treat-

ment;" and "Gunshot Wounds of the Lungs and Pleura."

INTERNATIONAL CLINICS.—A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by H. R. Landis, M.D., Philadelphia, Pa. Volume I, twenty-eighth series, 1918. Published by J. B. Lippincott Company, Philadelphia. Price \$2.50.

This volume describes seven interesting articles on "Clinics," four on "Medicine," two on "Neurology," one on "Public Health," and two on "Surgery," closing with a chapter entitled, "A General Review of Medicine for the Year 1917."

A CLINICAL MANUAL ON MENTAL DISEASES.—By Francis X. Dereum, M.D., Ph.D., Professor of Nervous and Mental Diseases. Jefferson Medical College, Philadelphia. Second edition. Revised. Octavo of 497 pages. Published by W. B. Saunders Company, Philadelphia, 1917. Cloth, \$3.50 net.

This book represents in part the annual course of lectures delivered by the author at the Jefferson Medical College. Emphasis has been laid upon the clinical pictures presented upon prognosis and upon treatment.

Dr. Dereum says, "That the more we study insanity, the more we become convinced of the importance of bringing the subject into the closest possible relation with internal medicine."

INFANT FEEDING.—By Clifford G. Grulee, A.M., M.D., Assistant Professor of Pediatrics at Rush Medical College; Attending Pediatrician to Presbyterian Hospital, Chicago. Third edition. Thoroughly revised. Octavo of 326 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1917. Cloth, \$3.25 net.

This book brings out knowledge of the scientific processes which underlie infant feeding up to the present, and puts forth the practical application of these principles in such a way that they can be grasped by one no more familiar with the subject than the practicing physician. Part I describes Fundamental Principles of Infant's Nutrition; Part II, Nourishment of the Infant on the Breast; Part III, Artificial Feeding, and Part IV, Nutrition in Other Conditions.

FOOD FOR THE SICK.—A manual for physicians and patient. By Solomon Strouse, M. D., Associate Attending Physician, The Michael Reese Hospital; Professor of Medicine at the Post-Graduate School, Chicago, and Maude A. Perry, Dietitian at the Michael Reese Hospital, Chicago. 12mo of 270 pages. Published by W. B. Saunders Company, Philadelphia, 1917. Price, cloth, \$1.50.

The conceptions behind this book are first, that the patient may justly demand more ex-

plicit instructions in diet than he has hitherto received; second, the physician needs a practical guide book for imparting such instructions, especially when the patient must rely on himself or his family for the preparation of his diet. The book considers the diet for diabetes mellitus; gout; diseases of the kidney; heart; stomach; intestines; liver; skin; respiratory system; fever; obesity; anemia; scurvy and goiter.

A PRACTICAL TEXT-BOOK OF INFECTION, IMMUNITY AND SPECIFIC THERAPY, with special reference to immunologic technic. By John A. Kolmer, M. D., Dr. P.H., M.Sc., Assistant Professor of Experimental Pathology, University of Pennsylvania, with an introduction by Allen J. Smith, M. D., Professor of Pathology, University of Pennsylvania. Second edition, thoroughly revised. Octavo of 978 pages with 147 original illustrations, forty-six in colors. Published by W. B. Saunders Company, Philadelphia, 1917. Price, cloth, \$7.00; half Morocco, \$8.50.

The purpose of this book is to expose our present knowledge regarding the manner in which the body may become infected, and the method, in turn, by which the organism serves to protect itself against infection, and also to present a practical application of this knowledge to the diagnosis, prevention, and treatment of diseases.

SURGERY AND DISEASES OF THE MOUTH AND JAWS.—A practical treatise ins urgery of the diseases of the mouth and allied structures. By Vilray Rapin Blair, A. M., M. D., F. A. C. S. Professor of Oral Surgery in the Washington University Dental School, and associate in surgery in the Medical School. Third edition. Revised so as to incorporate the latest war data concerning gun-shot injuries of the face and jaws. 460 illustrations. Published by C. V. Mosby Company, St. Louis. Price \$6.00.

An endeavor has been made in this edition to bring to a focus, the material that has been assembled on face and jaw surgery since the beginning of the European war. The author has been collecting material for years for a general revision of this book, and certain matters referring to the repair of defects have been included in this edition, to which have been added some recent observations on cancer of the mouth.

DISEASES OF THE CHEST AND THE PRINCIPLES OF PHYSICAL DIAGNOSIS.—By George W. Norris, M. D., Assistant Professor of Medicine in the University of Pennsylvania, and Henry R. M. Landis, M. D., Assistant Professor of Medicine in the University of Pennsylvania, with a chapter on the Electrocardiograph in Heart Diseases, by Edward B. Krumharr, Ph.D., M. D., Assistant Professor of Research Medicine in the University of Pennsylvania. Octavo volume of 782 pages with 413 illustrations. Published by W. B. Saunders Company, Philadelphia, 1917. Price, cloth, \$7.00; half Morocco, \$8.50.

The authors of this volume present a very practical work on the physical diagnosis of

the heart and lungs in health and disease. The book is profusely illustrated, which greatly adds to the instructive text. Part I pertains to the examination of the lungs; Part II the examination of the circulatory system; Part III the diseases of the bronchi, lung, pleuro and diaphragm; and Part IV to the diseases of the pericardium, heart and aorta.

A TEXT BOOK OF THE PRACTICE OF MEDICINE.—By James M. Anders, M. D., Ph.D., LL.D., Professor of Medicine and Clinical Medicine, Medico-Chirurgical College Graduate School, University of Pennsylvania. Thirteenth edition, thoroughly revised with the assistance of John H. Musser, Jr., M. D., Associate in Medicine, University of Pennsylvania. Octavo of 1259 pages, fully illustrated. Published by W. B. Saunders Company, Philadelphia, 1917. Price, cloth, \$6.00; half Morocco, \$7.50 net.

The present edition of this well known work presents the practical aspects of medicine, thus attempting to make manifest diseases at the bedside in its many relationships, and, so far as possible, to trace the connection between the clinical features and their pathologic causes.

Much new matter and a few diagnostic tables have been added, that will be found highly useful to the student and practitioner of medicine.



U. S. Food Administration.

Baking powder biscuits, co'n bread, muffins, brown bread, griddle cakes en waffles is wot dey call "quick breads."

You all makes 'em wid one cup er wheat flour ter two cups er substitute flour to save all de wheat dat kin be saved fer de sojers. Some folks kin git er'long widout any wheat at all and are glad to do it ter help win de war.

Dat ain't bad med'cine to take, fo' who's gwine tu'n up his nose at good co'n bread er biscuits er flapjacks?

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

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THE JOURNAL

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PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOL. XV.

LITTLE ROCK, ARK., SEPTEMBER, 1918

No. 4.

Original Articles.

SOME PROBLEMS CONFRONTING PUBLIC HEALTH SERVICE.*

By T. J. Woods, M.D.,
Evening Shade.

The problems confronting the regular medical profession are many and complex; and the obstacles to be met and removed are many, some of which appear unsurmountable, though our noble profession, like General Taylor, never surrenders.

Not the least of the difficulties to be overcome are the control and the suppression of contagious diseases.

I have been serving in the capacity of county health officer in my county for the past ten years, and during the last year I have made one thousand examinations of registrants under the Selective Service in the United States army.

My purpose in presenting this paper is in a measure to state my experience, to enumerate obstacles encountered and to emphasize some revelations won by my experience as to the deplorably unhygienic conditions and the insufficiency and morbidity which have arisen in the villages and rural communities in my county as a consequence.

I am convinced that similar conditions exist in the counties adjoining. Among the first obstacles confronting the public health service is the contemptible demagoguery of the county judges of our State; also the indifference and often opposition of the medical profession; ignorance, indifference and perverse obstinacy of a contingent of our population of a certain grade, and most surprising of all, the action and bold opposition of some of the school directors. All these elements combined

constitute an incubus, an economic inertia very difficult to neutralize.

Soon after the present law was inaugurated, I received an appointment by the State Board of Health, and immediately I presented my commission to the county judge for his approval. After temporizing and evading a decision for many months, he finally notified me by mail that my appointment was disapproved, as he wanted to appoint an eclectic doctor. The allopathic doctors were trying to control everything and to crowd out the eclectic doctors, he said. I proceeded to perform the duties of the office despite his refusal, brought suit in the Circuit Court for compensation and received all that I demanded. This judge's defense in Circuit Court was that I was so unpopular among the people that he could not afford to give his approval to my appointment.

I am now serving my third year, under another county judge. On approaching him for approval during his first term of office, his excuse was that "the people would not stand for the expense"; his present excuse is that I am so unpopular at least 95 per cent of the people are opposed to me. He has twice refused to allow me any compensation and has repeatedly published a statement in one of our county papers, that I was not a county health officer, because he had refused to approve my appointment; and advised the public to ignore my orders concerning the vaccination of school children.

I continued to perform the duties of the office entirely ignoring the judge's publications. The order for the vaccination of pupils of the public schools has been respected and obeyed by the directors and teachers and patrons of the schools throughout the country, except a small contingent, who from ignorance, and in some instances perverse obstinacy, refused to comply.

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

In two of our so-called high schools the directors took a stand against my order. The directors at my home village not only refused to require vaccination, but advised the teachers, who were anxious to comply, to ignore my order, promising that if fined, the community would assume the responsibility.

I reported these directors to the grand jury, but as four-fifths of its members were opposed to the law, this august assembly refused to take any action in the matter. I have given this outline hoping that there may be others present who have had similar experiences and have discovered a way to surmount the difficulties and obstacles just detailed.

In my conception there are some weak points in the law which gave some pretext for the objections raised by the opposers: one of which is the proviso requiring the approval of the county judge; another that the delegated authority to the Board of Health by the Legislature is unconstitutional. I think that the feature of the law requiring the approval of the county judge is an outcropping of demagoguery and should be eliminated, there being no logical reason for such a requirement.

If the matter of delegated authority should prove to be unconstitutional by an adverse decision of the Supreme Court, it should, also, be remedied by an act of the next Legislature.

Now, I wish to give an outline of the hygienic status of our schools and other public institutions, as well as the physical status of our school children and that element of our population who are subject to the selective draft registration.

When I assumed the duties of county health officer, I issued the following advice and mailed a copy to every board of directors and to the principal of every public school in my county:

"Office of T. J. Woods, M.D., County Health Officer, Sharp County.

"Evening Shade, Ark.....191..

"Mr....., School Director:

"DEAR SIR: As County Health Officer, I make the following recommendations to your school board:

"(a) Fence and clean off the school grounds.

"(b) Build two privies, or water closets, one for boys and one for girls, according to

instructions and specifications in Farmer's Bulletin No. 463, which has been mailed to you.

"(c) Supply windows enough to secure ample illumination and ventilation.

"(d) Screen windows to keep out flies and other insects.

"(g) Scour, cleanse and sterilize floors, walls and ceilings of rooms.

"(h) Abolish the common drinking eup and require each pupil to supply individual eup.

"(i) Post placards forbidding spitting on floor.

"(j) Secure abundant supply of pure drinking water.

"(k) Further instructions will be supplied on request.

"(l) I respectfully remind your board that these recommendations are in accordance with the law and their rigid enforcement will be required by the State Board of Health.

"Respectfully,

"THOS J. WOODS,

"County Health Officer."

So far as known at present, one school has installed a drinking fountain, and another has made an attempt to construct a sanitary privy after the model described in Farmer's Bulletin No. 463. With one exception, possibly two exceptions, the school buildings are miserably illuminated, ventilated, and seated, with no enclosure of grounds to prevent domestic animals from occupying the ground and buildings beneath and within, when unoccupied by the school.

A court house in our two county seats is indescribably unhygienic; i. e., I am tempted to use the word "filthy." Our church buildings are in very little, if any, better condition. Now, the physical status of our school children: While I have not made a thorough sanitary survey of all the pupils of our public schools, I believe that the following statements are approximately correct chronic nasopharyngeal catarrh involving tonsils, and eustachian tubes and more or less the middle ear. Sixty per cent of this number of tonsil complications, 40 per cent are hypertrophied. Disease of eyes, 70 per cent, of which 40 per cent are trachomatous and 30 per cent chronic catarrhal Ametropia from errors of refraction.

tion; 20 per cent to an extent requiring correction lenses.

Hookworm infection, 10 or 15 per cent. There is no doubt in my mind that there are many infections of tuberculosis in a dormant stage, evidence of which may develop as this essay progresses.

As a sequel to this state of affairs among pupils of our schools I wish to state my experience in the examination of registrants during the past year. These are the immediate output, so to speak, of the male students of our public schools. Of the 788 examinations made under the first selective draft regulations, there were 496 rejections. Of these rejections 71 per cent was due to trachoma or acute and chronic granular ophthalmia; 75 per cent of the total in number examined was infected with naso-pharyngeal catarrh, though none of these were rejected except those cases in which vision or hearing was defective to an extent to amount to a positive disability. 2½ per cent were rejected on account of physical indications of pulmonary tuberculosis.

The quota in my county in the first call after deducting voluntary enlistments, was 59. Of this number three have been discharged on account of pulmonary tuberculosis, two of which were acquired after induction into the service. Doubtless these persons all had this disease in a latent or dormant stage contracted during their school days.

I have presented these statements which I believe to be approximately correct, in order to emphasize the importance of a more thorough investigation of conditions existing in my county and I believe similar conditions exist in adjoining counties, and the necessity for a more rigid enforcement of the Board of Health regulations.

The majority representing the intelligent thinking element of our population will, I believe, gladly comply with the teachings of sanitary science; but there is an element for which compulsion is the only influence that will have any effect on their lives and customs.

We cannot hope for any success in this work when a perversely obstinate element of our population are allowed not only to disregard, but boldly oppose sanitary reform.

In my conception of unsanitary conditions and the resulting disability and morbidity constitute a deplorable condition and unless a

much-needed enforcement of our armamentarium or some outside aid is received, progress will be very slow indeed.

The control of contagious and infectious diseases in epidemic form, such as measles, smallpox, diphtheria, spinal meningitis, typhoid fever, etc., is comparatively easy, as they are spectacular, and the fear among people instinctively and automatically draws the line of quarantine.

It is different with such diseases as tuberculosis, granular ophthalmia, and this fact to my mind is the reason why these diseases are becoming so prevalent and are insidiously causing so much inefficiency and disability and morbidity in the rural portions of our country.

DISCUSSION.

Dr. R. N. Townsend (Arkadelphia): Just a little bit ago Dr. Wood raised a point that touched, I thought, a very tender nerve in my teeth, when he spoke about the difficulties that the health officer has to deal with, in that he becomes unpopular. I suspect that half of this body—I don't know whether you would say so or not—but I suspect that half of this body would absolutely refuse to become county health officers if the court would appoint them; because of the annoying difficulties that Dr. Wood has suggested here. It is true that several of our physicians in Clark County, where I live, just simply will not take the position at all.

About eighteen years ago, in Lawrence County, we had an epidemic of smallpox, and Dr. Meriwether was appointed as health officer in Walnut Ridge, and I was appointed at Black Rock to look after the matter there, and before I got through with it I promised myself that I never would undertake a thing like that again; that I would not face the criticism and unpopularity that comes from a work of that kind. I moved out of that county, however, and went down into Clark County. After several years had elapsed, we had an epidemic of smallpox there. And, you know we forget those pledges we make to ourselves. I was appointed again as city health officer to look after the smallpox situation. After it became generally known that I was holding that very unenviable position, I found the ladies of the town and some of the gentlemen of the town, would dodge around and run from me as I walked down the street. I promised myself then that I would not undertake a thing of that kind again; but I went on through with it. And, right recently I ran up against a problem of the same kind. There came into my private practice a case of smallpox. We have a county health officer in our county, a very efficient gentleman, indeed; but he is twenty miles away from our town. So, when I reported the matter to the county judge and at his suggestion called the county health officer, the officer proposed that we go ahead and take hold of and handle the case. As proved to be the case in the other instance, the thing got bigger than I thought it would when I started in on it. Dr. Wood, I very cordially enter into sympathy with your expression of regret at the unpopularity that comes from work of that kind. I raise the query how we are going to handle that question. It is a serious matter. I told the county judge the other day, when I went to him for final adjusting of my work, that I didn't think I would allow myself to be caught in that kind of a predicament again.

I believe that any county health officer, in nine cases out of ten, will lose more money and lose friends enough to make it cost more than he will get out of it. The question is, How are we going to handle it? I differ with Dr. Wood, however, in that it has been my right good fortune to always have the hearty co-operation of the county court in these matters, and I was a little surprised to hear him raise that point. The county court, in each instance where I had anything to do with this work, has always backed me up.

Now, we have in our county, as you or most of you have in your counties, doubtless, school directors who absolutely refuse to co-operate with the new law or have anything to do with it. I don't know how we are going to handle them; it is a serious matter.

In this last experience of mine, I had some of my folks, under quarantine, and a very active and ordinarily intelligent justice of the peace of the county went and took a man out of the smallpox quarantine and took him into his home and put him to work, in utter defiance of the health officer's instructions—not mine. The county health officer had given orders to leave him there until it would be safe for him to go out.

These are problems that I think we ought to work out in some way or other. I was very glad to hear Dr. Wood speak out so bravely and confess his unpopularity in this work. It struck a tender chord in my nerve centers.

Dr. Thomas Douglass (Ozark): I don't think much of a doctor who would refuse to serve as a health officer.

Dr. Townsend: I don't either.

Dr. Douglass: As for the unpopularity, I think one can afford to be unpopular with some people. I don't think it hurts a man very much to be unpopular when he is trying to enforce the compulsory vaccination order. He can afford to be unpopular. It is really good for him. He will not lose any money in the long run.

The first time the compulsory order was published in our county, I suppose one-third or one-half of the districts absolutely refused compliance. Some of the teachers didn't know what they were going to do. They would rather resign than try to do it, and they were opposed to it themselves. As indicated in my paper this morning, it was perfectly astounding the number of fairly intelligent people who opposed vaccination; and yet, a number of them came around and finally were vaccinated, and most of them are all right, and I think the others will come around eventually. I believe that it requires a good deal of tact and some careful handling of the situation; and then we shall not have so much difficulty in getting all those things done.

Dr. C. W. Garrison (Little Rock): One question with reference to the trouble with the county judges. In the passage of the public health act of 1913, it became necessary to insert the concurring clause affecting the appointment of county health officers in order to meet the opposition of the county judges, which association is very influential in this State. It was a question of taking that bill with the approval of the county judges inserted or none at all. There is another reason. The constitution of this State gives the county judge the right to O. K. all bills, and the bill provides that he shall fix the salary of the county health officer. That was the real mistake, as it should have been put on a millage basis. This error would have been corrected at the last session of the Legislature as the sentiment of the Legislature was in favor of it, as the bill was drawn, introduced, passed the House and coming up for final passage in the

Senate; but at the last minute the bill was misplaced by one of the Senators who was one of the best friends that the doctors of this State have, and it was that fact that prevented the correction of the law.

As to Dr. Woods' unpopularity: He did not admit that he was unpopular in his county. He said the judge *offered that as an excuse*. I have personal information that he is one of the most popular men in his county, and I am now trying to get him to go out and use his influence to defeat the county judge in the present race, and I believe he can do it.

I am happy to say that in most instances the county judges throughout the State are co-operating. It is only in isolated cases where this is not true. The sentiment has changed very much throughout the State.

As to the correction of the evils referred to by Dr. Woods, I think it will come with a more adequate and a more comprehensive organization in the counties. Not many years ago we thought we would reach the ideal when we got a full-time county health officer in each county. Every man knows that a part-time health officer cannot be very satisfactory. We now have come to know, for it has been tried out in a number of other States, that *full-time* county health officers will not measure up to expectations, and satisfactory results will not be obtained. We must have in each county a county health *department*, consisting of a full-time county health officer, who has been trained for the office, and adequate laboratory and office equipment and clerical help, a corps of inspectors and public health nurses; then, it will not be long until measurable results can be obtained and the people will see and appreciate public health work. However, we are now greatly in need of these trained public health officers. In many States the demand is far in excess of the supply, and even now in Arkansas there is a vacancy for such a man and he is not available.

There are two factors contributing to this shortage: First, the war, which is making great demands on the medical and sanitary profession of this country; and, second, public health schools have not long been established, and all medical colleges have overlooked this very important branch and comparatively few men have been trained in public health work.

Dr. Woods (closing): I don't know that I desire to stress the subject further. I thank Dr. Garrison for his explanation, though. The impression seems to prevail that I was actually unpopular in my county. I am glad that my friend has made that correction; but he has only got my word for what he says. He doesn't know it.

I appreciate the correction that Dr. Townsend made. He is an old friend of mine, tried and true. One experience that he had in trying to be a health officer does not agree with mine. He said that while he was a health officer, trying to do that work effectually, the ladies shied around him! Now, that would be a new experience with me. I never was bothered with that. (Laughter.)

The U. S. Public Health Service is complaining about the physicians of Arkansas not reporting their communicable diseases; including venereal infections. Are you doing your duty, Doctor?

REPORT OF A CASE.*

By R. H. T. Mann, M.D., F.A.C.S.,
Texarkana.

Mrs. Phillips, white, aged 19, was referred to me by Drs. Cook and Center, of Garland, Arkansas, on April 6, 1918. She was brought into the Texarkana Hospital in an unconscious condition, with the following history:

Six weeks before she had an abscess in her left ear. She had continued to grow worse, and for two days before she was referred to me she became unconscious. The ear had not discharged for several days, and there was no swelling over the mastoid.

Her temperature was 97°, her pulse was 100, and her respiration was 18. An X-ray examination made by Miss Gants, Roentgenologists of the Texarkana Hospital, was negative. Blood analysis made by Dr. Klein, the pathologist showed only a high normal polynuclear leucocytosis. An examination of her eyes showed marked choked disks in each eye. A diagnosis of intracranial pressure was made, probably due to an abscess of the brain of otitic origin on left side.

On the second day after her admittance into the hospital, the cranium was opened with a trephine one inch above the auditory canal on the left side with the hope of finding pus; but if this should not be found, this inter-cranial pressure would be relieved and the patient's sight saved should she finally recover. The dura, however, was found very dark at the lower part of the wound, and did not pulsate at all. Upon opening the dura, a considerable amount of pus was evacuated from a large abscess in the brain cavity. Considerable difficulty was experienced in trying to stop the hemorrhages from the dura.

Two days after the operation the patient regained consciousness, and gradually improved, and was able to be carried to her home at the end of the third week, although the wound in her brain was slightly discharging when she left the hospital.

The interesting feature about this case is that although it was an abscess of the brain of otitic origin, yet there was no apparent involvement of the mastoid.

DISCUSSION.

Dr. Moulton (Fort Smith: This paper is a very valuable one. The more so because it is a re-

port of a case with a general discussion of the subject. I would like to ask Dr. Mann how long the ear disease had been in existence before the case came under his observation?

Dr. Mann: There was a history of only six weeks.

Dr. Moulton: Dr. Mann's management of this case was wise, and I congratulate him on the successful outcome. The prognosis in those cases is usually bad. It is fortunate for the patient, if there is to be an infection of the brain cavity from the middle ear, that an abscess has formed rather than a diffused meningitis. More frequently where the infection gets through from the middle ear into the brain it sets up a diffused meningitis, from which there is almost no hope of recovery; whereas, in cerebral abscess there is a chance for recovery. These cases are rare, but met with every now and then. Of course, a direct infection of the brain from the middle ear is much more rare than the infection of the mastoid cells from the middle ear. I want to thank the doctor for his paper.

MENTAL HEALTH.*

By Thos. Douglass, M.D.,
Ozark.

I attempt merely an introduction to a subject of great importance. The time is too short, and I do not know enough about it, to prepare at this time a comprehensive review, but if I inspire in others a desire to study the subject with me I shall have attained my object.

"Mens sana in corpore sano" is a splendid motto for a nation or its individual citizens. Certainly nothing can be of greater importance than a sound mind in a sound body. One of the compensations of the great war is that we are being duly impressed with the importance of physical training. In the camps our boys are almost being made over physically and also they are getting some wholesome training in mental discipline. Fine that this is ultimately to reach the remediable class; regrettable that a number of defectives and a large number over-burdened with dependents cannot also be reached. M. R. C. experience is teaching the doctors the importance of practicing what they preach if their preaching is to be effective. One of our Franklin County M. R. C.s remarked in the early part of a Fort Riley course that war is hell all right, which meant that he was working harder than he had ever worked before. I believe that the end of the war will find us committed to universal military training. With insanity increasing at an alarming rate before the war and yet more rapidly since due to war's heavy burdens and added stress

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

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all possible measures of prevention should be taken. Dr. Stewart R. Paton says there has been a rapid increase in mental and nervous diseases among the soldiers since the war began. Among the Canadians these diseases represent over 10 per cent of the total casualties. Arkansas has long had a large number of insane. Mr. Clifton W. Beers, himself once insane, said that the fear of becoming insane haunts most people. This seems doubtful to me. Authorities have generally taught that insanity is caused by organic brain disease and have discredited the idea that false mental reactions have any part in the pathology. The laity have always believed that one might go crazy about religion, love, etc., and that the mental condition had a good deal to do with disease in general. There is a tendency to eliminate the so-called functional disorders and to find always some structural defect at the bottom. It is thought that illogical thinking as in paranoia, when unrestrained or corrected may lead to complete unbalance. While in this disorder there is unquestionable defect, yet it is not demonstrable in hysteria and neurasthenia which are said to be purely functional nervous diseases. In the attempt to decrease the number of mental defectives of the pronounced type we recognize clearly the necessity of preventing their procreation; yet it is difficult to get anything done and it will be a long time before we succeed, which in itself, is an indication of a singular mental state on the part of the public at large, manifested by its slowness to accept an obvious reform. I first became interested in this subject in observing a singular mental reaction on the part of a considerable number of persons to the proposition of compulsory vaccination. The order revealed a large number of people unprotected. Ordinarily people will not be vaccinated unless frightened by an epidemic. Many people violently oppose vaccination. Some school districts closed their schools rather than submit to vaccination. Many of these people generally exhibit a considerable degree of intelligence. In view of the overwhelming evidence in favor of vaccination, opposition to it indicates a state of mental unbalance that is really serious. Of course, much of the opposition to vaccination is due to simple ignorance of a comparatively certain protection against a dangerous disease, but a considerable part of it is due to defective mental operation. The average individual is more

or less illogical and irrational. He has failed to reach that reasonable development of his highest faculties, or perhaps make full use of his mental capabilities. Arnold Bennett practically charges every one with this failure and says that the brain is an organ that can be trained and controlled and made to work when you will and its tendency to day dreams and vagaries prevented. All this seems as obvious as the general lack of physical development. Results of the illogical and irrational mental development of the average individual are seen on every hand. Note the large number of people in every community who are easily imposed upon by any demagogue, political or religious. The results are disturbing and dangerous to a democratic form of government. The transparent frauds and falsehoods of the patent medicine man take in a multitude of highly intelligent citizens and citizenesses. Let it be merely whispered that the detail man prospers on the sale of ready-to-give preparations to the profession. Have you had your box of Carboil and are you using it for the certain cure of troublesome eczema for which Stelwagon mentions a considerable number of remedies, but will not surely promise relief from any. It is incumbent on a man to use brains even in the practice of medicine. As further evidence of the non-use of brain consider the great vogue of the Chiropractic, the Christian Scientists, the Drugless Healers, not to mention the fool vivisectionists and the pacifists.

The conduct of a man's life depends upon his mental reactions. "As a man thinketh in his heart, so is he." It is true, as stated by Goethe, that a man does not come to know himself in thought but in action, yet upon the quality of his thought depends his kind of action. It is of the utmost importance that his thought processes be clear, logical and rational. This is not the case with a large number of people. A person of common sense is rare. It is not a question of sanity or insanity. A large number of these people can comply with the requirements of the Manual for Medical Advisory Boards. They are far from being so defective that they cannot earn a livelihood. It is mainly inferior mental development rather than defect. I wonder if it is realized how extensive is this condition. It is probably true, as Prof. William Jones said, that at the age of twenty-five the average man is ossified from the ears up and no new

idea can penetrate the thickness of his skull. This premature ossification is unnecessary, deplorable and dangerous. From the ranks of these people are recruited the increasing number of the insane, the suicides and the criminal defectives, and those with crazy sociological and religious plans. From these originate the new religious sects. It must be evident to every sane Christian that nothing is more fatal to Christianity than a narrow sectarianism.

Consider the mental reactions, the mental life of the rural communities. Slowness and barrenness are the characteristics. If stranded in a country farm house and look for a book to while away the time, not once in a thousand will you find a new book, rarely a magazine, seldom a daily paper, sometimes a weekly paper, not uncommonly a farm paper. The latter desirable for its suggestions as to farming; but did you ever try to read the junk in a farm paper which is supposed to supply the literary needs of its readers? If there are any books they are ancient volumes, yet possessing no antique value. There will be probably, a copy of Dr. Gunn's "Family Medicine," and a large volume of "Wonders of the Universe," in which the wonders are inane. Once in my life in such a place I came across a copy of Don Quixote. If there are any books of modern date they will be on religious subjects, equally inane with the "Wonders." Nobody with mind at all awake would read them, even when desperate. What wonder that young people are leaving the farms and going to the cities. There at least they find some people who are alive and awake. It is true that conditions are improving. Some young farmers are studying scientific farming and find therein an intellectual content that makes a difference; but there is still a long way to travel.

Considering the barrenness and the deadly dullness of the intellectual life of most rural communities, it is no wonder that they react adversely to many propositions in their own interest. Opposition to tick eradication is an illustration. I knew a good and fairly intelligent farmer who at first opposed tick eradication, but came to realize its importance to the cattle industry. In his case a correct mental reaction occurred after a few moments of consideration.

Nations as well as individuals exhibit mental slowness. We remember that it required a

year for England to get awake to her part in the war and our own country is still in the process of waking up. The allies have made some great mistakes. The British should have taken the Dardanelles and thus have won the war some years earlier than they will. It is distressing to learn that by holding on a little longer they would have won because the garrison at Constantinople was out of ammunition. Both time and vocabulary are insufficient to discuss the German mind. Possessed of an enormous megalomania, the German thinks he is greater and wiser than all others, while we only concede to him excellence in pure cussedness, which, of course, is putting it far too mildly.

The National Committee for Mental Hygiene was organized in 1912, I believe, as the direct result of a remarkable book by Clifton W. Beers with the title: "A Mind That Found Itself." The writer was himself insane for a number of years and was an inmate of several institutions for the insane. The principal object of the book is to reform the treatment of the insane. The writer complains bitterly of inhuman treatment by physicians and attendants. During some years he was entirely silent and refused to talk to anybody. Later he reached what he calls the stage of elation during which he was extremely loquacious and wrote and talked incessantly. In this stage he undertook to run the ward in which he happened to be, tried to reform the whole institution and became very pugnacious in defending what he considered his own right and those of his fellow inmates. He was in the violent ward more than once and was kept three weeks in a camisole, which was supposed to be a humane kind of strait jacket; but which he describes as quite otherwise. From his own account he unquestionably gave them plenty of trouble. He describes the experience as quite painful. Sleep was almost impossible. He was ill-fed during this period although having a voracious appetite. He had incurred the strong dislike of the doctors and attendants. He was brought the usual Thanksgiving turkey dinner with all the trimmings and as he had been half starved he sat in silent enjoyment merely looking at it. The attendant said: "If you don't hurry up and eat that dinner I will take it away from you." Mr. Beers said: "What is it to you? This is my dinner and I am going to enjoy it as long as I please." "I'll show you," said the at-

tendant, and snatched it away from him. This was only a minor one of many painful experiences.

The main contention of the book is for the principle of non-restraint in the treatment of the insane.

No doubt the book has started an important reform. A number of States have organizations now. It is unbearable to think of the helpless insane being treated inhumanely. There should be such careful investigation and supervision of all institutions for their care as to render inhuman treatment impossible. An inhuman attendant should not only be discharged summarily, but properly punished, and his employment in similar hospitals rendered impossible. Beers speaks of the brutal effect of their treatment on the attendants. One attendant told him, 'When I first came here I thought nothing would tempt me to strike a patient, but now I take pleasure in punching hell out of them.' The National Committee aims to secure humane treatment, the largest number of cures and the prevention of insanity. A journal, "Mental Hygiene," now a little over a year old, is being published. Its contents are important and highly interesting. Dr. Frederick Lyman Wells' book, "Mental Adjustments," is very interesting and instructive; so also is Prof. Jastrow's "Character and Temperament." The work to be done involves the whole training of the individual and is largely educational. Dr. Wells says: "If Holmes remarked that a boy's education should begin with his grandfather, Freud has said, in effect, that it is ended with his first trousers." Thus emphasizing the importance of the very earliest training, development of normal mental trends, the prevention of "regressive fixations," and anti-social traits.

It is clearly seen, then, that mental health depends upon a great many factors. Educational methods, training and discipline should all be reformed. Nobody is satisfied with present methods. Dr. Wells says: "Of educated people psychopathologists give the most depreciative opinion on present formal education." And quotes Abraham Flexner as saying: "First we must learn to stop doing harm that we may learn to do good." "They think," says Dr. Wells, "it does not contribute to the individual's adjustments to life a share commensurate with what is spent upon it." Which is severe enough criticism. Edu-

cational methods have paid little attention to the erotic trends. The proper training of the young in this direction is complicated and still under debate.

With proper study and thorough investigation, the gathering together of all available data will surely evolve some much more effective methods of so guiding the mental life that pitfalls may be avoided and there shall not only be fewer insane, but the average citizen will possess a thinking machine fairly accurate, dependable on ordinary occasions, smooth running, quite rapid enough, at least, that he can keep in sight of human progress and the sum of human happiness shall be vastly increased. "Happiness," says Dr. Wells, "is the conscious phase of mental adaptation."

DISCUSSION.

Dr. Kirby (Harrison): This paper covers so much ground, the scope is so great, that we can discuss it from any standpoint that we see fit. Very often we doctors are called into court as experts on mental diseases, and I wish to state just a little of my experience. I tell them that there is no man who is mentally sound; that everybody is crazy more or less; the only question is, how much, and the question to be determined is whether he should be restrained for his own good or for his neighbors' good, or for the cure of his condition. I think this is safe ground to occupy with regard to that matter. Another point: He said some doctor believed that insanity was organic. I doubt that very much. I think he said the mental machinery sometimes doesn't run right. Probably the ductless glands will furnish the oil that will make the machine run right. It may be the ductless glands can overcome intestinal stasis that we heard about this morning. (Laughter.) That may be possible. A good many years ago Mrs. Eddy said that we had not reached the stage in which we could leave off surgery; but could leave off medicine. Now, today we are saving, I believe, at least 75 per cent more of the wounded than we did in the Civil War; not because of surgery so much, as because we have learned how to treat wounds medically. She was either inspired or she was crazy. Which do you think she was? (Laughter.)

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HOSPITALS—J. D. Southard, Chairman, Fort Smith; R. F. Darnall, Little Rock; M. V. Laws, Hot Springs.

Editorials.

A FIVE MILLION ARMY MEANS FIFTY THOUSAND MEDICAL OFFICERS.

With an army of three million men in the field or in training and as contemplated, an expansion of this force to five million men, the Surgeon General must have in the Medical Reserve Corps at least fifty thousand doctors.

The Medical Reserve Corps must keep a pace in the growth with the army expansion and it behoves every doctor in the United States between the ages of 21 and 55, who is physically, morally and professionally fitted, to arrange at the earliest possible moment, his personal affairs so as to offer his services to his country in the capacity of a medical officer.

The United States is in the war to do her part in winning the struggle and this can only be accomplished by a large and well-trained body of troops adequately cared for by sufficient number of medical officers. The importance of the doctor's service and its relationship to the successful outcome of the war cannot be too highly emphasized.

As the mobile forces increase in size, so is there an expansion of base hospitals and other institutions for the care of the sick and wounded, and there should be no lack of officers when required to give to our patriotic boys that professional attention which is so essential.

It is well for the medical profession of the United States to realize at once that a Medical Reserve Corps of at least 50,000 doctors will be required to meet the demands of the Surgeon General and upon which Corps he can draw for his medical officers.

We believe by this time that the profession of this country must be fully alive to the needs of the service; so, let every doctor who is qualified, feel that he is doing not only his patriotic duty in offering his services as a medical officer, but is relieving the tension of the Surgeon General's office by placing at the command of the Chief Officer of the Medical Department an adequate force without the frequent beating of drums to supply the necessary number with each increase of the mobile forces.

If you have not already received an application blank for commission in the Medical Reserve Corps, your nearest Examining Board

or the Editor of this journal will be glad to supply you.

REGISTER WITH THE VOLUNTEER MEDICAL SERVICE CORPS.

Many thousands of blanks for enrollment of the legally qualified men and women physicians of the country in the reorganized Volunteer Medical Service Corps have been mailed by the Chairman of the General Medical Board of the Council of National Defense. With the blank are enclosed a letter and a folder giving all details as to the organization.

An outline of the purpose and scope of the Volunteer Medical Corps, contained in the folder, is as follows:

Volunteer Medical Service Corps organization:

1. Provides means for obtaining quickly men and women for any service required.
2. Furnishes recommendations and necessary credentials to assure the best of medical service both military and civil.
3. Determines beyond question the attitude of the individual toward the war.

OBJECT OF CORPS.

1. Placing on record all medical men and women in the United States.
2. Aiding Army, Navy, and Public Health Service in supplying war medical needs.
3. Providing the best civilian medical service possible.
4. Giving recognition to all who record themselves in Army, Navy, Public Health activities, or civilian service.

WORKING PLANS.

All matters pertaining to the organization will be under the direction of a Central Governing Board, authorized by the Council of National Defense and approved by the President of the United States, and its affairs will be conducted from the general headquarters of the Volunteer Medical Service Corps at Washington, D. C., under the Council of National Defense.

OPERATING SYSTEM.

1. Central Governing Board of 25.
2. Forty-nine State executive committees.

3. One representative in each county in every State.

NOTE.—(a) All men to be appointed to State and county committees preferably over 55.

(b) Each State executive committee to consist of five in the smaller States and one additional member in each of the larger States in proportion to each 1,000 medical inhabitants (to be nominated by State committees, Medical Section, Council of National Defense, from among their own members).

(c) Each county of 50,000 population or under should have one representative. All counties having over 50,000 population should have one additional county representative for each 50,000 population or fraction thereof. All county representatives to be nominated by the State executive committee.

DUTIES.

Central Governing Board: To receive and pass upon appointments.

State Governing Boards: To receive facts for county representatives and make recommendations to Central Governing Board.

County Representatives: To submit facts to State committees according to advice from Central Governing Board or State Executive Committees.

Under the reorganization, every legally qualified physician, man or woman, holding the degree of Doctor of Medicine from a legally chartered medical school, who is not now attached to the Government service, and without reference to age or physical disability, may apply for membership and be admitted if qualified; whereas, the original organization admitted only those who for various reasons were ineligible to membership in the Medical Reserve Corps. The organization will mobilize the medical profession in order to provide for the health needs of the military forces and the civil population, and the recording and classifying of doctors will afford means of obtaining quickly men and women for any service required.

To date about 40,000 of the 144,116 doctors in the United States—not including the more than 5,000 women doctors—either are in Government service or have volunteered their services. Up to July 12 the Surgeon General had recommended to the Adjutant General

26,733 doctors for commissions in the Medical Reserve Corps. About 9,000 others who applied were rejected. With the 1,194 in the Medical Corps of the National Guard and 1,600 in the Navy, the total—38,527—constitutes 26.73 per cent of the civilian doctors. Deducting those who declined their commissions or who have been discharged because of subsequent physical disability or other cause, the number actually commissioned in the Medical Reserve Corps stands (August 23) at 23,531 with several hundred recommended whose commissions are pending. Of the 23,531 there are 23,232 now on active duty.

The need of using wisely the service of the medical men, in view of the universal war activities, is indicated when it is known that in the five weeks ended August 2, there were 2,700 medical officers commissioned in the Army, Navy, and Public Health Service—or at the rate of 540 per week. This rate at which enrollment is proceeding is the cumulative result of the operation of all the machinery which has been in process of setting up since the United States entered the world war. While the number commissioned in the five weeks mentioned may seem large, it is not much greater than the rate at which medical men have been receiving their commissions during the past year. There are now 28,674 medical officers commissioned in the three services—26,027 in the Army, 2,427 in the Navy, and 220 with the commission of Assistant Surgeon in the United States Public Health Service. Of the 2,700 commissioned in the five weeks ended August 2, there were 2,527 in the Army, 169 in the Navy, and 4 in the United States Public Health Service. Also 40 doctors designated as Acting Assistant Surgeons have been taken on in the Public Health Service in the last two months, 21 for work in extra-cantonment zones, 14 for special venereal disease work, and 5 for marine hospitals. The 26,027 in the Army medical service comprise 933 in the Medical Corps, the Regular Army service; 23,531 in the Medical Reserve Corps; 1,194 in the Medical Corps of the National Guard, and 369 in the Medical Corps of the National Army.

It is estimated that at least 50,000 doctors will be necessary eventually for the Army. It can readily be seen that with the enrollment of these active men, their places in communities and institutions must be cared for and the work, therefore, throughout the

country must be so systematized and co-ordinated that the civilian population may not suffer. An important aspect is the need for medical men in the communities where munitions and other vital war products are being made.

The Volunteer Medical Service Corps, supervised by the Central Governing Board now named, will thoroughly care for these needs.

In connection with the mailing of membership blanks for the Volunteer Medical Service Corps to all legally qualified men and women doctors of the country, Dr. Franklin Martin, Chairman of the General Medical Board of the Council of National Defense, says:

“Great as has been the response to the appeal for doctors, it must be even greater. It is imperative that every doctor not already in a Government service fill out, sign and return the blank to the offices of the Central Governing Board, Council of National Defense, Washington, at once. We believe thousands will do this, as they are anxious to be enrolled as volunteers for the Medical Departments of the Army and Navy before registration under the new draft law goes into effect. The appeal for enrollment in the Volunteer Medical Service Corps, which President Wilson has formally approved, is an official Government call to service. This will place the members of the medical profession of the United States on record as volunteers, available for classification and ready for service when the call comes.”

Editorial Clippings.

THE ASHEVILLE MEETING.

Perhaps the vacation period has passed and owing to the stress of the times but few members of the Southern Medical Association have found sufficient time to enjoy a recreation. To those who have had no relaxation from the grind of professional duties, the approaching annual convention of the Association to be held in Asheville, November 11-14, will be an excellent opportunity for securing a brief change. To be in the “Land of the Sky,” in a picturesque garden spot of the South, to enjoy the congenial associations with fellow members and visiting men of prominence, and to participate in one of the most interesting programs ever arranged for a medical gathering, furnish an almost irresistible inducement to attend this meeting.

Asheville is a place of interest to others besides the medical profession, so that the physician in making plans may feel assured that his family will enjoy the trip and receive incalculable benefit from the exhilarating climate of the North Carolina mountains. Special round trip rates are in effect on all railroads, but parties living within a radius of from three to five hundred miles from Asheville should take advantage of the splendid roads and partake of the pleasures of a motor trip through one of the most scenic regions east of the Rocky Mountains. A synopsis of the many attractive features of this popular North Carolina city may be found in the current issue of the Journal, so it merely remains for certain points of the program to be touched upon.

The chairmen of the Sections on Medicine, Pediatrics, Surgery, Public Health, and Eye, Ear, Nose and Throat are arranging instructive and timely programs along progressive and work-a-day subjects. To augment the presentation of such material, prominent men from every medical field, including members of the United States Public Health Service, Army and Navy personnel and accredited medical representatives of the Allied governments, have been secured for this purpose. In the next issue of the Journal a detailed outline of the essayists on scientific and patriotic topics will be presented. However, should no further information be given no one would feel that the trip had been in vain if he heard none other than the residential address by our distinguished leader, Dr. Lewellys F. Barker.

Section work will receive the same impetus as heretofore and plans for a more extensive co-ordination with other organizations are being formulated. The National Malaria Committee (Conference on Malaria), the American Society of Tropical Medicine, the Southern Gastro-Enterological Association, the Southern States Association of Railway Surgeons and the Conference on Medical Education, will be in conjointly arranged meetings with the Southern Medical Association.

The American Society for the Study and Prevention of Infant Mortality will be in session in Asheville during our meeting, and it is with pleasure that the Journal announces that the section work of this organization will dovetail into that of our own, thus allowing an interchange of talent and courtesy that is

fraught with brightest prospects for certain departments and members of the Southern Medical Association. This arrangement should appeal especially to the members of the Pediatric and Public Health Sections and to those members interested in obstetrics and child-life conservation. The year 1918 has been designated by the Government as "Children's Year," so it will be a peculiar advantage to meet with the one society in the United States that has child-life conservation as its theme and that brings together such well-known medical figures as President-elect, Dr. Philip Van Ingen, New York; Vice-President, and Chairman of the Pediatric Section, Dr. I. A. Abt, Chicago; Chairman on Obstetrics and Procedure and Record Forms for Prenatal Work, Drs. Edward P. Davis, Philadelphia; and J. Whitridge Williams, Baltimore, respectively; Drs. Grace L. Meigs and William H. Davis, Washington, D. C.; Dr. S. McC. Hamill, Philadelphia, all of whom are chairmen of important committees.

Next to efforts to promote intellectual advancement the spirit of patriotism will reign supreme and for those who have longed for first-hand information concerning the actual services rendered by the Medical Corps of the Allied nations, the Asheville meeting will form a clearer idea than many text books on war surgery than have or will be written.

On to Asheville in November! should be the slogan for those of the Association that remain at home and are not in the Service, for they must keep up to date and for their own health's sake seek occasional recreation, in order to be equal to the important work which they must perform among the civilians who support the armies at the front.—*Southern Medical Journal*.

THE SELECTIVE SERVICE LAW AND PHYSICIANS.

Many letters have been received concerning the relation of the new Selective Service Law to physicians. A few of these letters have been selected to be answered in the Queries and Minor Notes department. It may be said that, as a general proposition, there is no difference in the new and the old Selective Service Law except as to the ages included and the slight broadening of the terminology concerning exemptions. With special exceptions, all male persons who are above 18 years of age and have not reached their forty-sixth

birthday on September 12 must register. The exceptions are those who have registered under the previous draft acts, whether or not called for service; officers appointed and men of the forces drafted under the previous draft act; "officers and enlisted men of the National Guard while in the service of the United States; and the officers of the Officers' Reserve Corps and enlisted men in the Enlisted Reserve Corps while in the service of the United States; and officers and enlisted men of the Navy and Marine Corps and officers and enlisted and enrolled men of the Naval Reserve Force and Marine Corps Reserve while in the service of the United States." As we have stated before, there are in the United States 75,000 physicians, including those already commissioned, under 46 years of age. The question of greatest interest is the disposition of physicians after their registration. There is nothing in the bill, as we read it, that provides for any different method of applying the selective service principles than that which has heretofore governed the disposition of those under 31 years of age. The Selective Service Board are the only bodies empowered under the law to grant exemptions. Undoubtedly special regulations concerning physicians will be promulgated by the Provost Marshal-General. It is quite probable that in formulating these regulations the Provost Marshal-General will consult some or all of the Surgeon-Generals of the various services. As we stated last week, the problems of adequately providing for the medical needs of the Army and Navy and of the civil population are more complex than those affecting any other occupation, because of the great demand and the somewhat limited supply. Last week we outlined these demands, and it is not necessary to repeat them. The one question asked in most of the letters received is, What constitutes dependency so far as physicians are concerned? It has been suggested that physicians could not advance a plea for exemption on the grounds of dependency, since they are eligible for a commission, which would give an income sufficient to support a small family in fair circumstances. Local boards in some communities have refused to exempt physicians on the ground as dependency for this reason; on the other hand, the opposite principle has been carried out by other local boards. In view of the large number of physicians now affected, these matters will no doubt

also be considered in the special regulations concerning physicians.—*Jour. A. M. A.*

Abstracts.

PNEUMONIA AT A BASE HOSPITAL.

A. A. Small, (Chicago) Camp Pike, Little Rock, Ark. (*Journal A. M. A.*, Aug. 31, 1918), gives an account of the pneumonia morbidity and fatality at Camp Pike, Ark., between September, 1917, and April 27, 1918. In this period there were 1,285 pneumonia patients; 857 of these had lobar pneumonia, and 428 had bronchopneumonia. In the beginning the cases were mild, and in both forms corresponded to the ordinary types seen in civil life. The mortality was low. As winter came on, however, the proportion of bronchopneumonia increased, and the mortality also increased, especially that of bronchopneumonia, which showed 53 per cent. fatal in January. After that the death percentages declined, being nearly parallel at the close of the prior mentioned. It is difficult, Small says, to give definite reason for the difference in mortality in midwinter and the later months compared with that of the first two months. The antecedent measles may have been a factor in the bronchopneumonias, and also in a number of the streptococcus cases. The author thinks that the virulence of the organism must undoubtedly be increased by its passage through the human host. Many of the cases of bronchopneumonia began with the most trivial subjective symptoms, and practically no objective signs. A few fine moist rales, usually at the back and near the angle of the scapula, were often the only physical signs present, but in another twelve or twenty-four hours there would be marked consolidation in the same area, increase of the moist rales, and often bronchovesicular or tubular breathing. Fever is usually not high and the pulse not rapid. Peculiar as it may seem, the majority of these patients showed no respiratory distress or dyspnea until near death. Cyanosis is rare, and expectoration is late and moderate. In contrast to the majority, we have an acute fulminating type, which is illustrated by the case history of the patient, who entered the hospital at 7 p. m. one day, and died the next morning at 6 a. m. He had been drilling the day before and complained of only slight ailments. Empyema occurred in slightly over

9 per cent. of the total number of pneumonia patients. The types of empyema have been described by Dr. McKenna. Sputum examinations in 48 per cent. of the pneumonias showed the pneumococcus, Type I in 21 per cent., Type II in 34 per cent., and 45 per cent. of Type IV. A number of patients were received with the diagnosis of meningitis, but the spinal fluid examination corrected this. The three most potent causative factors, Small believes, are the large number of men suffering from measles, the large amount of dust and the carelessness of the men in their barracks causing minor respiratory disorders.

Personals and News Items.

Dr. Joseph M. Brewer has moved from Mountain View to El Dorado.

Dr. H. D. Wood of Fayetteville has returned from New York City.

Dr. James I. Searborough, Little Rock, has returned from Washington, D. C.

Dr. and Mrs. F. T. Murphy of Brinkley, visited in Marlin, Texas, this month.

Dr. and Mrs. Wozeneraft of Holly Springs, visited in Little Rock last month.

Dr. and Mrs. R. N. Smith of Augusta, visited their son in Booneville this month.

Dr. and Mrs. S. M. Gates of Monticello, visited in Little Rock this month.

Dr. C. R. Shinault of Little Rock is visiting in Hot Springs.

Dr. M. G. Daly, Little Rock, has returned from a week's vacation in Nevada County.

Dr. and Mrs. C. J. Mareh and their daughter, of Fordyce, visited in Little Rock and Camp Pike this month.

Dr. and Mrs. D. R. Hardeman, Little Rock, have returned after a week's visit to Mountain Valley Springs.

Dr. J. R. Dale of Texarkana has been appointed by Gov. Brough as a member of the Western Arkansas District Appeal Board to succeed Dr. C. H. Cargile of Bentonville, who resigned.

Lieut. N. W. Reigler, M. R. C., of Little Rock, now at the Post Hospital, Ellington Field, Texas, has been instrumental in perfecting a hospital airship. Dr. Reigler visited in Little Rock last month.

Arkansas physicians visiting in Little Rock the past month include: J. C. Graves Loekesburg; T. B. Bradford, Cotton Plant; R. V. Phillips, Malvern; S. J. Hesterly, Prescott; E. F. Brewer, Augusta.

Word has been received from Honolulu to the effect that Dr. Moses R. Clegg, son of Dr. J. T. Clegg, Siloam Springs, died August 10, 1918. Dr. Clegg was in the Government service and had established a wide reputation by reason of his research work pertaining to leprosy.

Thrift and patriotism are synonymous.

Labor and material are essential to victory; use both sparingly.

Give up your luxuries that the Kaiser may be made to give up his ambitions.

Advertising is a necessary substitute for salesmen called to the colors.

We do not carry announcements in our advertising pages, which we could not endorse editorially. We try to be consistent.

Hartley Withers, the editor of the Economist, of London, says: "Money spent in war time on things not needed is money given to the enemy."

This Journal declines advertising that, if accepted, would lower its standards. This justifies readers in giving the accepted advertisers their confidence and patronage.

Advertising is simultaneously read in hundreds of towns, and by thousands of subscribers, who could not be reached by a salesman.

"Orders issued by the War Department and Navy Department on August 8, suspending further volunteering and the receipt of candidates for officers' training camps from civil life do not apply to the enrollment of physicians in the Medical Reserve Corps of the Army and the Reserve Force of the Navy. It is the desire of both departments that the enrollment of physicians should continue as actively as before so that the needs of both services may be effectively met."

"The source of our strength and the unity of our organization lies in the County Medical Society. It is there that a full and frank interchange of views among the members may secure such intelligent unity and harmony of their labors as will elevate and make effective the opinions of the profession on all scientific,

legislative, public health, material and social affairs, to the end that the profession may receive that respect and support within its own ranks and from the community, to which honorable history and great achievements entitle it."—*Neb. State Journal*.

PHYSICIANS' ROLL OF HONOR FOR ARKANSAS.

In addition to the names of Arkansas physicians recommended for commissions in the Medical Reserve Corps, published in the last eleven issues, the Surgeon-General reports:

Oscar Joe Tanner Johnston, Batesville, Captain.
 William Dee Lassiter, Bierne, First Lieut.
 John Franklin Halbrook, Center Ridge, First Lieut.
 Walter Monroe Matthews, Crossett, First Lieut.
 Thomas Jefferson Pool, Danville, First Lieut.
 Charles Edward Kitchens, DeQueen, First Lieut.
 Elwood Baker, Dermott, First Lieut.
 Robert L. Hopkins, DeQueen, First Lieut.
 Everett Crockett Moulton, Fort Smith, First Lieut.
 Dee Walter Kirby, Gurdon, First Lieut.
 John Clifton Simpson, Hamburg, First Lieut.
 Cleveland Buchanan Hollabaugh, Leslie, First Lieut.
 Charles Dan Chambers, Little Rock, First Lieut.
 Ernest Justin Horner, Little Rock, First Lieut.
 Frank Anderson Norwood, Little Rock, First Lieut.
 Walter Cunningham Overstreet, Little Rock, First Lieut.
 Francis Owington Rogers, Little Rock, Capt.
 Robert Elmore Rowland, Little Rock, First Lieut.
 Dan Staples, Little Rock, First Lieut.
 William Henry DeClark, McGehee, First Lieut.
 Jesse Arthur King, Mellwood, First Lieut.
 James Ellsworth Martin, Springdale, Capt.
 Edwin Booth Swindler, Stuttgart, First Lieut.
 Will Mack Majors, Walcott, First Lieut.
 John Cicero Hughes, Walnut Ridge, First Lieut.
 John Awwille Pennington, Wilson, First Lieut.

VOLUNTEER MEDICAL SERVICE BOARD.

The Central Governing Board of the Volunteer Medical Service Corps of the Council of National Defense announces that the State Executive Committee of the Volunteer Medical Service Corps is comprised of the following doctors:

C. P. Meriwether, M.D., Little Rock.
 W. B. Hughes, M.D., Little Rock.
 C. M. Lutterloh, M.D., Jonesboro.

Leonidas Kirby, M.D., Harrison.
 R. C. Dorr, M.D., Chairman, Batesville.
 J. G. Eberle, M.D., Fort Smith.
 J. C. Wallis, M.D., Arkadelphia.
 Wm. R. Bathurst, M.D., Secretary, Little Rock.

The purpose of this committee is to co-operate with the Central Governing Board in prosecuting all activities pertaining to the mobilization and enrollment of members of the Volunteer Medical Service Corps throughout the State.

The Central Governing Board of the Volunteer Medical Service Corps also authorizes the appointment of one county representative in each county in every State of the Union. The county representatives for Arkansas are as follows:

County	Name	Address
Arkansas	W. H. Morphew,	Stuttgart.
Ashley	John W. Simpson,	Hamburg.
Baxter	J. J. Morrow,	Cotter.
Benton	J. T. Clegg,	Siloam Springs.
Boone	D. E. Evans,	Harrison.
Bradley	Charles N. Martin,	Warren.
Calhoun	Enoch T. Jones,	Hampton.
Carroll	C. F. Ellis,	Eureka Springs.
Chicot	H. C. Stinson,	Dermott.
Clark	J. C. Wallis,	Arkadelphia.
Clay	A. R. Simpson,	Corning.
Cleburne	Wm. J. Hornbarger,	Heber Springs.
Cleveland	A. J. Hamilton,	Rison.
Columbia	H. A. Longino,	Magnolia.
Conway	Ben C. Logan,	Morrilton.
Craighead	W. W. Jackson,	Jonesboro.
Crawford	M. S. Dibrell,	Van Buren.
Crittenden	L. C. McVay,	Marion.
Cross	Jacob L. Hare,	Wynne.
Dallas	C. J. March,	Fordyce.
Desha	Vernon MacCaunon,	Arkansas City.
Drew	M. B. Corrigan,	Monticello.
Faulkner	Geo. S. Brown,	Conway.
Franklin	Thomas Douglass,	Ozark.
Fulton	C. W. Culp,	Mammoth Springs.
Garland	M. G. Thompson,	Hot Springs.
Grant	John L. Butler,	Sheridan.
Greene	Felix M. Scott,	Paragould.
Hempstead	J. H. Weaver,	Hope.
Hot Spring	E. T. Bramlitt,	Malvern.
Howard	David A. Hutchinson,	Nashville.
Independence	James A. Kennerly,	Batesville.
Izard	E. A. Baxter,	Melbourne.

County	Name	Address
Jackson	L. E. Willis,	Newport.
Jefferson	A. C. Jordan,	Pine Bluff.
Johnson	A. M. McKinnon,	Clarksville.
Lafayette	F. W. Youmans,	Lewisville.
Lawrence	A. G. Henderson,	Imboden.
Lee	O. L. Williamson,	Marianna.
Lincoln	Ben F. Tarver,	Star City.
Little River	P. H. Phillips,	Ashdown.
Logan	J. J. Smith,	Paris.
Lonoke	S. A. Southall,	Lonoke.
Madison	Fred Youngblood,	Huntsville.
Marion	James J. Thompson,	Yellville.
Miller	R. H. T. Mann,	Texarkana.
Mississippi	Earl E. Craig,	Wilson.
Monroe	F. T. Murphy,	Brinkley.
Montgomery	L. S. Kennedy,	Mount Ida.
Nevada	S. J. Hesterly,	Prescott.
Newton	J. O. McFerrin,	Jasper.
Ouachita	J. S. Rinehart,	Camden.
Perry	Wm. L. Rieff,	Perryville.
Phillips	Allen E. Cox,	Helena.
Pike	T. F. Alford,	Murfreesboro.
Poinsett	Ben L. Harrison,	Trumann.
Polk	Philip R. Watkins,	Mena.
Pope	R. L. Smith,	Russellville.
Prairie	J. R. Lynn,	Hazen.
Pulaski	E. Meek,	Little Rock.
Randolph	H. L. Throgmorton,	Pocahontas.
Saline	Dewell Gann, Sr.,	Benton.
Scott	L. D. Duncan,	Waldron.
Searcy	S. J. Daniels,	Marshall.
Sebastian	E. G. Epler,	Fort Smith.
Sevier	M. L. Norwood,	Lockesburg.
Sharp	Thomas J. Wood,	Evening Shade.
St. Francis	D. A. Pelton,	Forrest City.
Stone	Joel E. Luther,	Mountain View.
Union	H. H. Niehuss,	Eldorado.
Van Buren	J. S. McMahon,	Clinton.
Washington	H. D. Wood,	Fayetteville.
White	J. M. Jelks,	Searcy.
Woodruff	R. N. Smith,	Augusta.
Yell	L. E. Love,	Dardanelle.

Obituary.

DR. MARION M. NORTON.—Dr. Marion M. Norton, of Lake Village, Chicot County, died August 9, aged 45 years. He is survived by his wife and six children.

New and Nonofficial Remedies.

CHLORAMINE-T TABLETS, Squibb, 4.6 grains. Each tablet contains ehloramine-T, 4.6 grains. E. R. Squibb and Sons, New York.

CHLORAMINE-T SURGICAL PASTE, Squibb.—It contains ehloramine-T, 1 Gm., in 100 Gm. of a base composed approximately of sodium stearate, 15 per cent, and water, 85 per cent. E. R. Squibb and Sons, New York.

CHLORAMINE-T, Squibb—A brand of chloramine-T which complies with the New and Nonofficial Remedies standards. For a description of the action, uses, dosage, and chemical and physical properties of chloramine-T see New and Nonofficial Remedies 1918, p. 156. E. R. Squibb and Sons, New York.

SILVER PROTEINATE-HEYDEN.—Said to be identical with protargol (See New and Nonofficial Remedies, 1918, p. 362). Silver Proteinat-Heyden must conform with the tests, and have the properties described under protargol. The Heyden Chemical Works, New York (Jour. A. M. A. Aug. 17, 1918, p. 534).

DICHLORAMINE-T, Squibb.—A brand of dichloramine-T which complies with the New and Nonofficial Remedies standards. For a description of the action, dosage, and chemical and physical properties, see New and Nonofficial Remedies 1918, p. 157. E. R. Squibb and Sons, New York (Jour. A. M. A., Aug. 31, 1918, p. 745).

Propaganda for Reform.

MAMMALA.—This is a dried milk powder and may be considered as a partially skimmed milk dried by a patented process to which lactose (milk sugar) has been added to make up for the deficient food units caused by the partial removal of the cream. Reduced to a basis comparable with cow's milk, 12 per cent solids, it appears that protein and ash are normal, the fat low, and the milk sugar high (Jour. A. M. A., Aug. 10, 1918, p. 488).

DIPLASAL AND ACETYSALICYLIC ACID.—Diplasal is the salicylic ester of salicylic acid and in the intestine is broken up into salicylates. The only advantage of diplasal over sodium salicylate consists in its lesser solubility and therefore in the taste. The same advantage is possessed by acetylsalicylic acid. If diplasal is unobtainable or its cost prohibitive, acetyl-

salicylic acid may be used in its stead in the same dosage (Jour. A. M. A., Aug. 24, 1918, p. 682).

A CORRECTION.—In an article "Dependability of Dosage on Tablets" (Jour. A. M. A., July 27, 1918) the Tailby-Nason Company was included with firms one or more products of which had been found deficient by the Connecticut Agricultural Station. In this an injustice was done the Tailby-Nason Company. The Connecticut Experiment Station has issued a statement that no product of this firm was found deficient and that the name of the firm was included through an error (Jour. A. M. A., Aug. 24, 1918, p. 681).

THE CAUSE OF HAY FEVER.—In the regions of the United States west of the Rocky Mountains, hay fever may be produced by an almost entirely different flora from that which causes it in the Eastern States and in Europe. This emphasized the need for determining the exact species involved in each case before treatment for immunity may be undertaken. It has been found that the type of spring hay fever which is very troublesome in the Sacramento Valley, is attributable to a walnut tree pollen (Jour. A. M. A., Aug. 10, 1918, p. 469).

TWO MAIL ORDER FRAUDS.—One L. E. Bowers conducted a fraudulent medical mail order business in Chicago under the name of Gallstone Remedy Company selling a preparation called "Gall-Tone." Joseph H. Pilson conducted a mail order business in New York City and Jersey City, N. J., under such names as "New Life Remedy Company," "Mail Order Supply Company," "Vital Fire Remedy Company," and "M. J. Moore, Secretary." Pilson sold a mixture of drugs represented to restore "lost manhood," and another mixture of drugs in effect represented to cause abortion in pregnant women. As the result of an investigation, a fraud order was issued against Bowers and Pilson which denies them the use of the mails for their business (Jour. A. M. A., Aug. 31, p. 765).

DI-CROTALIN TREATMENT OF EPILEPSY.—Di-crotalin is a rattlesnake venom preparation which has been advertised by the Swan-Myers Co. as a "treatment for, epilepsy, chorea bronchial asthma, chronic or hereditary nervous headache, nervous prostration incident to change of life, hysteria mania, insomnia, neurasthenia, etc." That any measure of

success, sufficient to justify the adoption of the rattlesnake venom treatment for epilepsy has resulted, is not to be concluded from the available reports. Still less evidence is there for the use of rattlesnake venom in the list of conditions given by the Swan-Myers Co. There are a number of good reasons why the cautious physician will shun this treatment and advise against it (Jour. A. M. A., Aug. 17, 1918, p. 592).

LET THE READER KNOW.—In the latest issue of the American Journal of Syphilis appears an article by J. Sheridan Baketel, "On the Use of American-Made Salvarsan," which is in effect a puff for Metz's Arsphenamine. The reader is informed that Dr. Baketel is Professor of Preventive Medicine and Hygiene and Lecturer on Genito-Urinary Diseases and Syphilis in the Long Island College Hospital; Genito-Urinary Surgeon to the House of Relief of the New York Hospital; Major Medical Reserve Corps, United States Army. The reader is not told, however, that Dr. Baketel is or was until quite recently in the employ of the A. H. Metz Laboratories (the present name of the Farbwerke Hoechst Co.,) and has for some time been the manager of the pharmaceutical department of that concern (Jour. A. M. A., Aug. 24, 1918, p. 664).

MAIL ORDER FRAUDS.—A fraud order was issued against the following four concerns after an investigation into the character of their business by the post office authorities: Mrs. A. H. Hon, South Bend, Ind., advertising and selling various alleged remedies for the self-treatment of ailments peculiar to women. The Publishers' Advertising Agency, Inc., operated by Clarence E. Worthen, Boston, Mass., for the purpose of securing space in newspapers for the advertisement of a large number of proprietary articles sold through drug stores. L. A. Johnson, an ignorant negro, Lake Village, Ark., operating under the names of Dr. George D. Williams, Dr. L. A. Johnson, and The Associated Doctors, and offering to cure "anything you were not born with." Last Chance Medicine Co., conducted by a negro, C. Frank Jones, at Birmingham, Ala. (Jour. A. M. A., Aug. 17, 1918, p. 590).

ECKMAN'S CALCERBS.—This is put out by the same concern that exploits Eckman's Alterative, essentially a mixture of alcohol, calcium chlorid and cloves. Calcerbs is not sold openly as a cure for consumption, yet as

an appeal to the consumptive the claims made are probably just as alluring and as dangerous as those made in the past for the "Alternative." The A. M. A. Chemical Laboratory reports that Calcerbs is sold in the form of tablets and that these contain about 20 per cent calcium chlorid. They also contain calcium carbonate, an emodin-bearing laxative drug, such as aloes, sugar and flavoring material. That some physicians have recommended calcium salts in pulmonary tuberculosis, based on the unproved supposition that consumption is due to lime deficiency, is no excuse for a "patent medicine" concern putting out calcium chlorid under thinly veiled claims that will lead the public to infer that the preparations will cure consumption (Jour. A. M. A., Aug. 10, 1918, p. 486).

KATHARMON.—The Council on Pharmacy and Chemistry reports that the Katharmon Chemical Company in advertising its "Katharmon" appeals especially to a profession whose members, if they live up to their ethical code, would not prescribe it. A comparison of the so-called formulas published for Katharmon in the past shows that they have not only varied from time to time but that in no instance was a quantitative statement with regard to all the asserted ingredients given. The A. M. A. Chemical Laboratory reports that Katharmon has an alkaline reaction and therefore cannot contain boric acid, salicylic acid, or "borosalicylic acid," as has been claimed. Katharmon is in conflict with Rules 1 and 4 of the Council on Pharmacy and Chemistry because of its indefinite and secret composition and the method of advertising it directly to the public; it is in conflict with Rules 10, 6 and 8, in that it is an irrational shotgun mixture sold under unwarranted therapeutic claims and under a name nondescriptive of its composition (Jour. A. M. A., Aug. 10, 1918, p. 487).

THE TOXIC EFFECTS OF ARSPHENAMIN.—Recent research suggests that the toxic effects sometimes obtained from the administration of arspenamin may be caused by the use of an insufficient amount of alkali in preparing the arspenamin solution for injection. J. Danysz found that solutions of arspenamin and similar preparations prepared in the usual manner, but with a small amount of calcium bi-phosphate added, soon precipitated on exposure to air and that these precipitates are readily soluble in sodium hydroxid. His ex-

periments seem to show that a similar precipitation occurs when arspenamin is injected intravenously; that this precipitation is responsible for both the mild and the severe toxic reactions; and that this precipitation is the more likely to occur the smaller the amount of alkali used for preparing the solution. He reports, however, that a hyperalkaline solution, though less toxic when injected into the vein of rabbits than solutions containing less alkali, caused pain and that sometimes the vein became obstructed and later atrophied. Danysz also found that the toxic action of arspenamin solutions was increased when the solutions were injected rapidly. Danysz also advises that small initial (vaccinating) doses should be given to establish tolerance before full doses are administered (Jour. A. M. A., Aug. 17, 1918, pp. 570 and 596).

IODINIZED EMULSION (Scott) AND CREOSOTONIC (Scott).—The Council on Pharmacy and Chemistry reports that the label for Iodinized Emulsion (Scott) declares: "Each fluidram contains: Alcohol, m. $4\frac{3}{4}$; Rectified Ol. of Turpentine, m. $3\frac{1}{2}$; Iodin, gr. $\frac{1}{8}$; Phenol, gr. $\frac{1}{2}$; Glycerine and Elixir Lactated Pepsin with Aromatic Oils in the form of a perfect emulsion." The Council declares that Iodinized Emulsion (Scott) is not a "pharmaceutical triumph," as claimed in the advertising, but is an irrational mixture—a reminder of a decadent polypharmacy—sold under misleading and unwarranted claims, and that it is inadmissible to New and Nonofficial Remedies because the composition is not correctly declared; because unwarranted therapeutic claims were made; because the name is not descriptive of its composition, and because the formula is complex and irrational. The Council reports that, according to the label, the following formula is claimed for Creosotonic: Contains in each fluidram: "Alcohol, m. $2\frac{1}{2}$; Creosote and Guaiacol sulphonates of each, gr. 1; Compound Hypophosphites, gr. 1 (including Quinine Hypophosphites, gr. 1-36 and Strychnine Hypophosphites, gr. 1-256), with Iodinized Emulsion (Scott) m. 30." The Council concluded that Creosotonic (Scott) was an irrational mixture sold under unwarranted claims and declared it inadmissible to New and Nonofficial Remedies for reasons essentially the same as those given for Iodinized Emulsion (Scott). After the Council's report on the preparations had been sent

to the manufacturer, the Dawson Pharmacal Co., the advice was received that the matter criticised by the Council was no longer sent out. As, however, these irrational mixtures were still being sold and advertised, the Council directed publication of its report (Jour. A. M. A., Aug., 24, 1918, p. 680).

Book Reviews.

ORAL SEPSIS IN ITS RELATIONSHIP TO SYSTEMIC DISEASE.—By William W. Duke, M.D., Ph.B., Kansas City, Mo. With 170 illustrations. Published by C. V. Mosby Company, St. Louis, 1918. Price \$2.50.

This book presents the complex relationship which frequently exists between infections of the gum and alveolar process and certain systemic disorders.

INTERNATIONAL CLINICS.—A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia. Volume IV. Twenty-seventh series, 1917. Published by J. B. Lippincott Company, Philadelphia. Price \$2.00.

In this volume we find ten clinical lectures, two articles on medicine, one each on psychiatry and public health, and three on surgery. Many illustrations are shown with one colored plate showing pseudomyxoma peritonei.

TUMORS OF THE NERVOUS ACUSTICUS, and the Syndrome of the Cerebellopontile Angle.—By Harvey Cushing, M.D., Professor of Surgery at Harvard University. Octavo of 296 pages, with 262 illustrations. Published by W. B. Saunders Company, Philadelphia, 1917. Price, cloth, \$5.00 net.

The series of acoustic tumors reported in this volume is the largest to have been verified in a single operative clinic. There is no doubt about it meeting with general commendation of the medical profession.

A SURGEON IN ARMS.—By Captain R. J. Manion, M.C., of the Canadian Army Medical Corps. Published by D. Appleton and Company, New York, 1918. Price \$1.50.

This book tells the story of the work done by the medical corps, the hospital staff, the ambulance men and the stretcher bearers, portrays military life in the trenches, attacks by shell, airplane and gas, and gives the actual experience of a surgeon who left civil life to do his bit.

PRINCIPLES OF HYGIENE.—For Students, Physicians and Health Officers. By D. H. Bergey, M.D., Assistant Professor of Hygiene and Bacteriology, University of Pennsylvania. Sixth edition, thoroughly revised. Octavo of 543 pages, illustrated. Published

by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$3.50 net.

This book gives the general principles upon which the health officer and the physician work in their respective capacities in dealing with conditions which are detrimental to health or which tend to improve health.

INTERPRETATIONS OF DENTAL AND MAXILLARY ROENTGENOGRAMS.—By Robert H. Ivy, M.D., D.D.S., Major, M.R.C., U. S. Army. 259 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$2.50.

This book presents the data necessary for making intelligent diagnosis of pathologic conditions about the teeth and jaw bones in which Roentgen examination plays a part. The author calls particular attention to the interpretation rather than the technique of making of the pictures.

THE TREATMENT OF CAVERNOUS AND PLEXIFORM ANGIOMATA BY THE INJECTION OF BOILING WATER (Wyeth Method)—By Francis Reder, M.D., F.A.C.S., St. Louis, Mo. Illustrated. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$1.50.

The material for this small volume is taken from the original articles by Dr. Reder that appeared about three years ago in the Journal of Surgery, Gynecology and Obstetrics on the treatment of vascular tumors by the injection of boiling water. The book opens with an introduction by John A. Wyeth.

A MANUAL OF HISTOLOGY.—By Henry Erdmann Radasch, M.Sc., M.D., Assistant Professor of Histology and Embryology of the Jefferson Medical College. 580 pages, with 307 illustrations. Published by P. Blakiston's Son & Company, 1012 Walnut St., Philadelphia, Pa. Price, \$2.50.

The science of histology has advanced so much in recent years, that sufficiently adequate presentation of the subject required more space than the usual amount available in a quiz compend. The predecessor of this manual was, therefore, utilized as a basis for this expansion.

EMERGENCIES OF A GENERAL PRACTICE.—By Nathan Clark Morse, A.B., M.D., F.A.C.S., Surgeon to Emergency Hospital, El Dorado, Iowa, District Surgeon C. N. W. Ry. and M. & St. L. Ry. 251 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$4.50.

The object of the writer of this volume is to consider the common, unheralded everyday accidents or emergencies that may and do arise to confront the general practitioner at a time when least expected. It should prove of practical value and material assistance to many physicians.

SYPHILIS AND PUBLIC HEALTH.—By Edward B. Vedder, A.M., M.D., Lt.-Col., Medical Corps U. S. Army. Published by permission of the Surgeon-General U. S. Army, by Lea & Febiger, Philadelphia, 1918.

The author of this book presents a subject that cannot be too highly emphasized. He describes "The Prevalence of Syphilis"; "The Sources of Infection and Methods of Transmission"; "Personal Prophylaxis" and "Public Health Measures." In the "Appendix" he gives the Technic of the Wassermann Blood Test, and the Control of Syphilis in the Army, and Methods Employed by Some Cities.

THE UNGEARED MIND.—By Robert H. Chase, A.M., M.D., Physician-in-chief Friends' Hospital (for Mental Diseases); formerly Resident Physician State Hospital, Norristown, Pa. 351 pages, illustrated. Published by F. A. Davis Company, Philadelphia. Price \$2.75.

One of the provinces of this book is to point out the pitfalls in the common highways of life and to show how to avoid many errors which unheeded lead to ill health.

The sections on "Delusions of the Insane" and "Some Aspects of the Feelings" are studies that were published many years ago, and have been revised and rewritten to satisfy a wider and riper experience, conforming with up-to-date teachings.

A TEXT BOOK OF OBSTETRICS.—By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania. Eighth edition, revised and reset. Octavo of 863 pages, with 715 illustrations, 38 of them in colors. Published by W. B. Saunders, Philadelphia, 1918. Cloth, \$5.00.

The contents of this volume are divided into six parts. No. I, The Physiology, Diagnosis and Management of Pregnancy; No. II, The Physiology and Management of Labor; No. III, The Mechanism of Labor; No. IV, The Pathology of Pregnancy, Labor and the Puerperium; No. V, Obstetric Operations; No. VI, The New-born Infant.

THE MEDICAL CLINICS OF NORTH AMERICA. (Chicago Number) March, 1918. Volume I, Number 5. Published bi-monthly by W. B. Saunders Company, Philadelphia.

Among the interesting articles in this volume we wish to mention the instructive clinic of Dr. J. H. Bliss, Cook County Hospital on "Tuberculin Skin Reactions in Diagnosis of Tuberculosis in Childhood." He says. "The

intracutaneous tuberculin test is the most delicate and most reliable tuberculin test; the von Pirquet cutaneous test ranks next. Tuberculin reactions are of great value in diagnosis in infancy and young children."

MILITARY SURGERY OF THE ZONE OF THE ADVANCE.—By George de Tarnowsky, M.D., F.A.C.S., Surgeon at Cook County and Ravenswood Hospitals, Chicago. Major, M.C.U.S.R., A.E.F., France, 1917-1918. Illustrated. Published by Lea & Febiger, Philadelphia, 1918. Price \$1.50.

This is the seventh of the Medical War Manuals, authorized by the Secretary of War, and under the supervision of the Surgeon-General and the Council of Defense. It is written essentially for the Medical Officer who, well grounded though he may be in the principles and practice of his art in times of peace, finds himself now confronted with an environment and a class of traumatic lesions foreign to him.

PRINCIPLES OF SURGICAL NURSING.—A Guide to Surgical Technic. By Frederick C. Warnshuis, M.D., F.A.C.S., Visiting Surgeon, Butterworth Hospital, Grand Rapids, Michigan. Chief Surgeon, Pere Marquette Railway. Octavo of 277 pages, with 255 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$2.50.

The purpose of this book is to describe briefly and concisely the recognized principles of technic and the accepted plans of procedure and treatment as they exist in present-day practice of surgery and surgical nursing. In addition to the text the author has resorted to illustrative features planned not only to elucidate the text but to serve as teaching illustrations.

MODERN OPERATIVE BONE SURGERY WITH SPECIAL REFERENCE TO THE TREATMENT OF FRACTURES.—By Charles George Geiger, M.D. 286 pages with 120 illustrations. Published by F. A. Davis Company, Philadelphia, Pa., 1918.

As far as we know this is the only work published up to this time on "Plastic Bone Surgery." The author gives the interesting and instructive facts in autoplasmic bone work and the modern instruments used in such work as briefly as is compatible with clearness. Dr. Geiger says: "By the use of autogenous material the surgeon follows nature's own method, and is thereby able to overcome mechanical surgical defects which hitherto he has been unable to deal with successfully."

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Original Articles.

HEALTH INSTRUCTIONS THROUGH DRAFT BOARDS.

Washington, D. C. — Provost Marshal General Crowder has called attention to a circular of instructions prepared by the United States Public Health Service for registrants declined in the draft because of physical disability. The circular, copies of which have been placed in all the local draft boards throughout the country, is the result of a recommendation made to General Crowder by Surgeon General Rupert Blue of the U. S. Public Health Service. The Surgeon General points out that in the first draft about one-third of the men examined were rejected for physical disabilities and that hundreds of thousands will be added as a result of the examinations to be made of the new registrants.

"It is highly desirable," said Surgeon General Blue, "that the men found to be disqualified for military service by the examining physicians of the local draft board should receive definite instructions as to the meaning of their disabilities and that a strong appeal be made to them to correct these disabilities as far as possible. But the object of this measure is not only to reclaim men for military service or for such service as they can perform, but to lessen the burden of illness and disability among those engaged in essential industrial work. It is hoped that the instruction in this circular, which is really a primer of the physical disabilities of the nation, will reach far beyond the draft board and be utilized by all agencies interested in improving the public health to instruct the people with regard to their physical deficiencies and the ways and means by which they can be remedied."

According to the U. S. Public Health Service experience everywhere shows that the

proportion of persons with physical impairments is considerably greater in persons between 30 and 40 than in those between 20 and 30 years of age. This waning vitality at ages over 30, so commonly accepted as inevitable, can be postponed to a large extent. In this connection, it is pointed out that 60 per cent of the physical defects found in the last draft were of a preventable or curable nature.

In addition to furnishing all the local draft boards throughout the country with a sufficient number of the circulars to supply one to each registrant rejected because of physical disability, arrangements have been made to furnish specimens of the circular to life insurance companies, fraternal organizations, labor unions, employers of labor and others who desire to reprint the circular in its present official form for wider distribution.

"The U. S. Public Health Service will be glad to furnish specimens of this circular on application and urges all organizations that can reach large groups of people to reprint and distribute the circular and thus contribute materially to the public welfare and the national defense."

The circular issued by the U. S. Public Health Service is entitled "Information for Guidance and Assistance of Registrants Disqualified for Active Military Service Because of Physical Defects." It is a four-page leaflet, containing specific information relating to the commoner causes of rejection or deferred classification, *e. g.*, defective eyesight, teeth and disease, feet, underweight, overweight, hernia, hemorrhoids, varicose veins, bladder, kidney and urinary disorders, ear trouble, heart affections, high blood pressure, lung trouble, rheumatism, venereal disease, alcohol, nervous and mental diseases, and miscellaneous conditions. The information is presented in simple form and has been approved by the highest medical

authorities. At the end is a striking quotation from President Wilson, "It is not an Army we must shape and train for war; it is a Nation." This is followed by the following personal appeals:

"Do not go through life with handicaps that may be easily removed. Do not shorten your life, reduce your earning capacity and capacity for enjoying life, by neglecting your bodily condition."

"While other men are cheerfully facing death for the cause of democracy, do not shrink from facing a little trouble and expense to make yourself strong, healthy, and fit."

Over a million copies of the leaflet have been sent out to the draft boards. Requests for specimen copies should be addressed to the U. S. Public Health Service, Washington, D. C.

FOREIGN BODIES IN TRACHEA AND ESOPHAGUS.

By Robert Caldwell, M. D.,
Little Rock.

It is not with the object of adding anything new to the subject of bronchoscopy that this article is written, or to advance any new ideas of technic; but to bring to the attention of this society some of the possibilities of this work that a discussion may be stimulated that will aid us all in the treatment of such cases.

Bronchoscopy, we might say, was first made practical by the works of Killian, followed very early by Jackson in this United States, until now most any city of 25,000 or more, has one or more men skilled in the use of the bronchoscope.

The instruments used in this work are of two models, one with the light at the proximal end of the tube, and the other at the distal end. I prefer the one with the light at the proximal end.

In my early efforts to remove foreign bodies I made the mistake of hanging the head of the patient over the end of the operating table, and experienced much difficulty in introducing the tubes. Now I advise that the patient lie flat on the back with the head as high as the body, and roll the head directly backward by throwing up the chin. In this way I experience no difficulty in entering either the trachea, or the esophagus.

The anesthetic in these cases is worthy of

consideration. Children are more prone to get foreign bodies in the trachea, or bronchi, and in these cases I prefer to use no anesthetic. General anesthesia is dangerous in these cases, and the use of local anesthetic is very unsatisfactory in children, as generally they object as much to the many applications of cocaine as they do to the introduction of the tube. Then again, cocaine is none too safe in children. In grown people I prefer the local anesthetic, and like a 10 per cent cocaine solution better than a 45 per cent; as it is very difficult to anesthetize a throat, larynx, or trachea even with a strong solution of cocaine.

An experienced assistant is a great aid, because it is very important that the head be rolled back on the table, and not held in the air. I have as near as possible the same man to help me in all my cases.

I will now report a few cases that I think will be of interest to the society.

M. J., nine year old boy, who while picking up corn in the field, got a grass burr on the right cuff of the coat so that any movement of the coat would cause the burr to scratch the skin. The left arm being laden with corn, he was unable to remove the burr unless he dropped the load of corn. He removed the burr by a forced inspiration; but it failed to stop in the mouth, as he had hoped, and was drawn down into the right bronchus. The burr was removed at the City Hospital by bronchoscopy.

Three cases of corn in the trachea, and one of watermelon seed in the trachea are so near alike that I report them all together. The first, No. 2, was in the trachea of a four-year old girl. No. 3, the trachea of a six-year old boy. No. 5, the trachea of a four-year old girl. No. 6, a watermelon seed, in the trachea of a three-year old girl. These four foreign bodies were loose in the trachea and would move upward and downward as the patient would cough, and at times as they breathed. There was no difficulty in grasping these bodies with the forceps; but I was unable to pull any of them through the bronchoscope, and was compelled to remove the tube as I removed the foreign body. In such cases it is very important to know that one has grasped the foreign body before making an effort to remove it. By adjusting the forceps I use so the two blades of the handle come just together I can tell if I have a bite in the forceps, because then the blades will not come entirely together. This holds good in all

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

bodies of sufficient consistency that the forceps will not bite through.

These are the cases that used to be relieved by tracheotomy. Before I learned to do bronchoscopy I did a tracheotomy on a four-year old child who had a peanut kernel in the trachea. A tracheotomy was done, a stitch was taken in each side of the wound through the trachea, subcutaneous tissue and skin. Two nurses were put on the case and advised to watch continually for the peanut. The third day during a coughing spell the kernel showed itself at the wound and was removed without any difficulty.

Case No. 4 was a child two years old, with a piece of peanut hull lodged at the bifurcation of the trachea. Removed without difficulty.

Case No. 7 was an eight-month old child with several pieces of egg shell lodged in the larynx. In this case I experienced much difficulty in engaging the shell in the forceps. The pieces would lie against the posterior wall of the larynx, and would change in position so much by respiration, that it was hard for me to catch the shell. This child had quite a laryngitis for the following thirty-six hours, but not of sufficient character to demand intubation, or tracheotomy. I prefer that all cases of foreign bodies in the larynx, or trachea, remain in the hospital for at least twenty-four hours after the removal of the foreign body.

Case No. 8 was a child one year old with a piece of split bean lodged in the larynx. More or less difficulty was experienced in engaging the bean in the forceps. This patient had a traumatic laryngitis following removal; but not severe.

In none of the above cases could a diagnosis be made by the x-ray. The history and clinical symptoms in all the cases were sufficient to warrant a bronchoscopic examination.

The two nickels, penny and quarter on the card were removed from the throats of children ranging from one to four years old. In each instance the coin was lodged directly behind the larynx at the beginning of the esophagus. A foreign body can very easily be overlooked while in this location; as in introducing our instrument we often fail to get a good view of the anterior surface of the esophagus directly behind the larynx, and can pass the esophagoscope on down into the esophagus and never see the foreign body. This space is brought to view by lifting the

larynx forward immediately we enter the esophagus.

The last case, a piece of gristle or meat impacted at the cardiac end of the esophagus in a man about fifty years old, is to me the most interesting of all. This man, while eating soup, swallowed something that would not go on down, or come back. On examination I could easily see the mass, but my forceps would not engage enough of it to pull it out. Every time I would bite into it my forceps would not hold, and I absolutely failed to remove it at the first sitting. I have with me a hook which I improvised and was able to push behind the mass, and by turning I engaged the meat in the hook and removed it.

DISCUSSION.

Dr. A. E. Harris (Little Rock): Taking the sweet mixed with the bitter, I will ask Dr. Caldwell to explain to us about the case we had together, in which we had an open safety pin, in which we did not remove the object. I think that Jackson has gotten out a tube for that purpose for closing the safety pin. This was a child about eight months of age. I suppose you remember it, Dr. Caldwell.

Dr. R. H. T. Mann (Texarkana): I have enjoyed Dr. Caldwell's paper very much. When the bronchoscope was first invented by Killian, a good many years ago, I went to Killian's clinic and took a course in bronchoscopy and esophagoscopy. Since that time I have had more than twenty of these patients. I have removed most of these foreign bodies. In some there have been failures. I remember one failure in the case of a stone in a child's bronchus, that completely filled it. I made half a dozen efforts, but never succeeded in removing the stone, because I could not get any instrument around it. There have been many instruments invented for removing safety pins. I, myself, have invented a forceps which will grab a safety pin, either going down or coming up, and close the safety pin and by that means remove it. Now, I have tried that instrument on a great many safety pins which I myself have placed in a mannikin; but never had a chance to try it on a live subject. The forceps is grooved at the end, so that the safety pin slips into the groove, both sides of the safety pin, and you go down or come up either with it; by pushing down on the forceps; as you close the forceps you close the safety pin in the groove in the forceps. That is the principle of the instrument. I wish I had it here.

This method has been very much improved in recent years, first, by Lynch himself, in his method of suspension laryngoscopy, that makes it very much easier now, by using an instrument like a tongue depressor, which completely exposes the larynx and then you can slip your instrument into the larynx and down into the bronchi just as easily almost as you could slip a tongue depressor down the throat. I want to say that the best man in the world on suspension laryngoscopy is Dr. Lynch, of New Orleans, who has done more than any other man, and I am glad of it, because he is a Southern man. He perfected this method, and there is no more dextrous man today in the world than Dr. Lynch, and he is a Southern man, and I feel like giving him the credit. But, there has always been some failures, and there always will be. Dr. Caldwell is doing good work, and I want to thank him for his paper.

Dr. J. Philip Lunt, (Leonard): I was interested in Dr. Caldwell's paper. I am not a man who does

that work. I am a general practitioner. But, I had an amusing experience over here at Gravette, Ark., at one time, and I devised an instrument there that does not cost a penny, and it did the work. There was an old lady about sixty years old, who was trying to eat some tough beefsteak and a large piece became lodged some place in the esophagus. We had no way of telling just where, because we had no proper instrument to determine that. Dr. Hughes, of Gravette, was first called, and he was in a hurry to get to another case, and he just shot a dose of morphine in her arm, supposing she would throw it up, and went on about his business. I was called, and, sorry to say, I repeated the dose before I knew such a thing had been done. I tell you there was some alarm. She was blue when I got there, cyanotic, and if ever a woman tried to vomit in her life, that woman sure did. I tried all the forceps I had, and it seemed to me every one of them wanted to hit the back bone and could not get down low enough to hit anything. The thought dawned on me, as I rushed into the house I noticed a peach orchard there, with a lot of limb sprouts. When I ran out through the back yard—it was summer time—I noticed a piece of baling wire. I doubled it and twisted it around this limb sprout, and went in, and as I started down the throat it sounded like putting a wad in one of these old-fashioned muzzle-loading shotguns, and when it dropped down into the stomach, she took a long breath and said, "My Lord, doctor, that sure gives me relief," and the patient got well.

Dr. L. Kirby (Harrison): We fellows out in the country don't have any nurses at all, much less experienced ones. I have had two or three cases of foreign bodies remaining in the tube after a tracheotomy. In that instance, I have taken and bent a watch spring with hooks on the ends and fitted around the neck to keep the wound open all the while without any attendant. It acted very well in two or three cases. I just mention that to show how we get around the difficulty.

I am like Dr. Mann and the other gentlemen. I think the paper was very excellent. I don't stand up here as an expert to say anything about this matter. I just mention that one thing.

I am like Dr. Lunt. I pushed a piece of meat down into a man's stomach and gave him the same kind of relief that he gave the old woman. We sometimes have that to do. But I would caution the doctors who are expert not to go too far, nor push too hard, as it will be a little dangerous. That's the only point there is in that technic to be considered.

Dr. S. J. Allbright (West Point): Has the doctor a plain enough view to see small objects in the esophagus, such as a fish-bone, safety pins and common pins?

Dr. Caldwell (in response): I will answer the last question by saying that you can see practically anything down there. I never had a pin in the bronchial tube or the trachea, but there would be no trouble to see it if it were there.

Regarding the safety pin that Dr. Harris spoke about, we tried to get a report on the case, and couldn't get any. I looked up the record and wrote a letter to the man and couldn't get a report on it. The case came to me. It was no trouble to see the safety pin. But, I reached down and caught hold of it with the forceps and pulled on it a little. Every time I pulled I had no success. If you can't get the foreign body without doing too much traumatism, leave it alone. Not long after that I was talking to one of the most noted eye, ear, nose and throat men of Denver, and he told me of a case he had, seemingly a similar kind of a case. He took the pin out one day and the patient died the next. So, I always felt better after that. I let my pin case go. The man had money enough and was able to go to see Jackson.

I felt if I had pulled that pin out, I might have torn a hole in the esophagus and taken the chance of killing the child. But they went to St. Louis, and as soon as the doctors there heard we had failed with the case they would not even touch it, and advised that they go to Jackson.

The case that Dr. Mann spoke of, of the stone in the bronchus, did the patient die or get well?

Dr. Mann: The patient didn't die. It got well.

Dr. Caldwell: Had no abscess?

Dr. Mann: No.

Dr. Caldwell: A great many of these cases will go ahead and have a lung abscess and be operated on and make a recovery. While if we go ahead and do a great deal of traumatism, we will possibly kill the patient.

There is one other case I would report, in regard to anesthesia. A little negro boy came in my office, who had a peanut in the trachea for ten days. At that time I was giving just enough anesthetic until the patient would relax, then give them no more during the operative work. I was trying to get away from those crying spells when we start in with the tube. We gave this patient between ten and twenty drops of chloroform. The breathing was all right; I started to introduce the tube; took the chloroform away. Had no trouble introducing the tube; patient was breathing all right. Got the larynx open; got the tube in, and the peanut came right up against the tube. The patient never breathed any more. Now, I have often wondered, had I done this without chloroform would he have died? Or would it have been best in this case to have done a tracheotomy first? These are hard questions to answer.

REPORT OF A CASE.*

By E. E. Barlow, M. D.,
Dermott.

Patient, a married woman of 34 years, has had three healthy children, her family history is negative.

She has suffered all her life from periodic headaches occurring every two to four weeks, more especially at the time of menstruation. Aside from these attacks she had never been sick.

The present trouble began in February, 1917, when she noticed the thyroid gland was enlarged. About three weeks later she noticed that her heart would palpitate frequently and that she would get short of breath. She also noticed that her eyes were more prominent than before, and that the tumor and veins were more prominent on the right side than those on the left. She was very nervous, and at times depressed.

I saw her the latter part of March, about a month after she had first noticed that the gland was enlarged.

At this time there was a marked exophthalmos, the pulse was 140, tremor was pronounced, she was losing weight and could not

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

sleep well. The thyroid gland was enlarged, the right side about the size of a hen egg, the left about half that size. The lungs were normal, the heart sounds negative, and apex beat in the fifth interspace.

The abdomen was negative so far as I was able to tell. Pelvic examination revealed nothing. She had a perineal laceration.

I put her to bed for two weeks, gave her some calomel, and put her on ergotine 1 grain, hydrobromate of quinine 5 grains, every four hours. She went to Eureka Springs to spend the summer; but continued the treatment while there. She came home from the Springs about the middle of August, not improved much. September 25, she came down with an attack of appendicitis, which lasted a week. I advised immediate operation, but she declined. After two weeks in bed I permitted her to get up, but she was not free from abdominal pain after that until December 1, when I operated upon her and found the cause of her trouble.

The abdomen was opened in the median line. The appendix was in a normal position and looked to be perfectly healthy; the uterus tubes and the ovaries were in good position and free from disease; the gall bladder was empty and contained no stones. About fifteen inches from the iliocecal junction I found a Meckel's diverticulum, three and one-half inches long, and one-half inch in diameter at the fundus, and one-half inch in diameter at its neck. The distal end was attached to the fundus of the uterus by an adhesion the size of a lead pencil. We removed the diverticulum and closed the abdomen.

On the fourth day after operation the pulse was 80, the thyroid gland had reduced to almost normal in size, the eyes were not near so prominent, and the patient was feeling fine.

Two weeks after the operation when the patient left the hospital all previous symptoms had disappeared. Thyroid gland apparently normal, and still remains so, her menstrual periods have been normal, free from pain, and she has had no headache.

DISCUSSION.

Dr. R. C. Dorr (Batesville): This one case may prove nothing; but, if it proves anything, it proves that there is a variety of causes for hyper thyroidism.

Dr. Barlow: I do not care to add anything.

Book Reviews.

THE ESSENTIALS OF MATERIA MEDICA AND THERAPEUTICS FOR NURSES.—By John Foote, M.D., third edition, revised, enlarged and reset. Published by J. B. Lippincott Company, Philadelphia. Price \$1.75.

This book simplifies the study of therapeutics for nurses by limiting the number of important remedies to be studied and appending a reference list to cover the frequently used drugs and preparations. In this edition the author embodies many suggestions received from Training School Superintendents in adapting this work to the practical needs of the student nurse.

THE HODGEN WIRE CRADLE EXTENSION SUSPENSION SPLINT.—The exemplification of this splint with other helpful appliances in the treatment of fractures of the extremities and its application in both civil and war practice. By Frank G. Nifong, M.D., F.A.C.S. With an introductory by Harvey G. Mudd, M.D., F.A.C.S. 124 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$3.00.

The Hodgen Splint is one of the notable contributions to surgery made by an American, and it is eminently fitting that this contribution should be emphasized by a monograph written and published on it.

A TREATISE ON CYSTOSCOPY AND URETHROSCOPY.—By Georges Luys, Former Interne, Hospitals of Paris. Translated and edited with additions by Abr. L. Walbarst, M.D., New York. With 217 figures in the text and twenty-four chromotypographic plates outside the text, including seventy-six drawings from original water colors. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$7.50.

The author of this book gives a thorough description of cystology and urethroscopy, tracing their development and their uses from their very beginning up to the present day. The translation has been done and the text brought up to date by an American urologist and linguist of experience, who has added many valuable features that will appeal to our readers.

A TREATISE ON CLINICAL MEDICINE.—By William Hanna Thompson, M.D., LL.D., formerly Professor of Practice of Medicine and of Diseases of the Nervous System in the New York University Medical College; Ex-President of the New York Academy of Medicine, etc. Second edition, revised. Octavo of 678 pages. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$5.50 net.

Throughout this book it has been the aim of the author to serve the physician while he is actively engaged in the performance of his professional duties. Part I describes certain common but always important symptoms. Part II describes infections by living microorganisms. Part III deals with diseases of special tissues or organs.

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

REPORTING OF VENEREAL DISEASES.

The only possible way to prevent, or at least measurably control, infectious and contagious diseases is by organized effort of State and local Boards of Health and their action must depend upon reports of all cases being made to them. Until the war no organized effort was ever made to control venereal diseases except spasmodically and under State laws which were necessarily ineffective, because there was no restriction of travel from State to State.

But with the concentration of troops in training at many points the health of the soldiers made it very necessary that this type of diseases be handled thoroughly and conscientiously. Now, by act of congress, as a part of the Army appropriation bill, reporting of all cases of venereal diseases becomes obligatory on all physicians, and penalties are attached to failure to do so. Heretofore, that confidential relation between physician and patient has made reporting of such cases extremely onerous; but it is a matter of patriotism now; the health of the soldier is at stake; the war cannot be won by diseased men and since human nature is as it is and the double standard of morals continues to prevail, the soldier must be protected if he cannot be reformed in morals. The minimum requirements of the rules follows:

"Venereal diseases must be reported to the local health authorities in accordance with State regulations approved by the U. S. Public Health Service."

"Penalty to be imposed upon physicians or others required to report venereal infections for failure to do so."

"Cases to be investigated as far as possible, to discover sources of infection."

"The spread of venereal diseases should be declared unlawful."

"Provision to be made for control of infected persons that do not co-operate in protecting others from infection."

"The travel of infected persons within the State to be controlled by State Boards of Health by definite regulations that will conform in general to the interstate regulations to be established."

"Patients to be given printed circular of instructions informing them of the necessity of measures to prevent the spread of infec-

tion and of the importance of continuing treatment."

These rules are promulgated under the provisions of the act which provides that \$1,000,000 be distributed among the various States for the use of State Boards of Health Departments in proportion to population and officers of the Public Health Service will be assigned to each State receiving allotments, who will co-operate with the State Health authorities.

To stamp out venereal diseases, much as it may be desired, is a herculean task and perhaps an impossible one for this generation to hope to accomplish. The difficulties are almost insurmountable. Infected persons themselves present the greatest obstacle. Many infect the others unwillingly, but there are also those unprincipled ones who gratify their passions knowing their condition. Infected persons may travel within the State or beyond the State before the disease is apparent and the law so far as such cases are concerned is futile and so the infection spreads in spite of all effort. But if physicians will do their duty the infections may at least be materially reduced in number. In cases of private and disgraceful diseases the reporting of them will naturally be resented by the patient and it is likely that very many will, instead of seeking a physician, resort to proprietary medicine. The rules should perhaps include the requiring of druggists to report the names of those purchasing such remedies.

There have been occasional cases in which physicians have evaded the law as to posting houses, or reporting such diseases as measles, communicable fevers and even smallpox, trusting to the honor of the patients to keep visitors away, keep the well children from school and other members of the family away from the sick room. There have also been cases in which the favor was granted as usual and the disease carried elsewhere. If such has been the case in diseases to which no disgrace attaches, how much greater pressure will be brought to bear on the physician to induce him to conceal venereal diseases? This is no time for sentimentality, friendship or partiality.

Not only venereal diseases but all notifiable diseases must be reported and physicians are urged to make no exceptions, but to report all cases, so that Arkansas may make as good a showing as her sister States and outside of that the importance of the well

being of the soldiers is the paramount reason for the strictest compliance with the law.

CLASSIFICATION IN THE VOLUNTEER MEDICAL SERVICE CORPS.

Interest among the members of the medical profession as to how their services are to be used in the Volunteer Medical Service Corps, once they have enrolled and have put on the badge which indicates their willingness to serve and readiness to respond to a request from the Surgeons General of the Army, Navy or Public Health Service, or from the Provost Marshal General or from the General Medical Board of the Council of National Defense, has led to the announcement by the Central Governing Board of the basic system of classification for the organization. The lines on which the classification is made were determined by the Committee on Classification of the Central Governing Board, and whose report was adopted. This Classification Committee has on it representatives of the Army, Navy, Public Health Service, Council of National Defense, American Red Cross, Hospitals, Colleges, Civilian Doctors, War Industries.

A summary of these classes follows:

Class I: These will be the physicians first recommended by the Central Governing Board to apply for positions in the Medical Reserve Corps of the Army, Reserve Force of the Navy, or for appointment in the Public Health Service. They include physicians under 55 years of age, who are without obvious physical disability which is disqualifying, and who have not more than one dependent in addition to self; or who have an income or whose dependents have an income sufficient for the support of dependents other than that derived from the practice of their profession.

There are several exceptions provided for because of evident essential needs. Whether a physician's services are essential to his community will be established by the Central Governing Board on recommendation of representatives of the Board appointed by it to make a survey of local conditions. Whether a physician is essential to an institution with which he may be connected will be established after a conference between representatives of the Central Governing Board and representatives appointed by governing bodies of the institutions concerned. Similarly, the question of whether a doctor is essential to a health department will be established by conference between the Central Governing Board and the head of that health department. The

question whether a teacher in a medical school is essential to that position will be established by the Central Governing Board and representatives of the institution. Conference between the Board and accredited representatives of industries concerned will determine whether doctors employed as industrial physicians are essential in those positions. A physician essential on his local or medical advisory board will not be disturbed.

Class II: In Class II are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, and who have not more than three dependents in addition to self. These will be recommended by the Central Governing Board, when the need exists, to apply for commissions.

Exceptions in Class II are the same as in Class I.

Class III: These are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, but who have more than three dependents in addition to self; and they are the physicians included among the exceptions from Classes I and II, namely those essential to communities, institutions, health departments, medical schools or industries. They will be recommended by the Central Governing Board to apply for commissions when the emergency is so great as to demand their services.

Class IV: In Class IV are the physicians who are ineligible for commissions in the Medical Reserve Corps of the Army, or Reserve Force of the Navy, but who are available for all other services. The physicians in this class include those over 55, those having an obvious physical disability which is disqualifying, and those rejected for all government services because of physical disability.

Physicians not professionally eligible for the Medical Reserve Corps of the Army or for the Reserve Force of the Navy, or for appointment in the Public Health Service, will be recorded but not admitted to the Volunteer Medical Service Corps.

Applications for enrollment in the Volunteer Medical Service Corps continue to come in from physicians all over the country and by every mail to the headquarters at the Council of National Defense Building. These are being classified as rapidly as possible. Representative physicians from various parts of the country are assisting in the work incident to the classification.

State Executive Committees, enlarged to handle the work of the Volunteer Medical Corps, are perfecting the organizations in

their States, and county representatives have been appointed in practically every county in the country. Group meetings are being held in many of the States, at which the State Executive Committees and county representatives are being addressed by members of the Central Governing Board of the Volunteer Medical Service Corps.

Personals and News Items.

Dr. E. A. Baggett of Womble has moved to Dierks.

Dr. O. H. Burton of Hot Springs has moved to Crystal Springs.

Capt. A. G. Hearn, M. C., of Arkadelphia has returned on a visit from France.

Lieut. C. P. Meriwether, Aide to the Governor of Arkansas, has been promoted to the rank of Major, Medical Corps U. S. Army.

"Coughing and sneezing, except behind a handkerchief, is as great a sanitary offense as promiscuous spitting, and should be equally condemned."

Dr. Chas. S. Holt of Fort Smith has bought the interest of Dr. A. J. Morrissey in St. John's Hospital and is now the sole owner. Dr. Carmine S. Stahl has been engaged as Roentgenologist and pathologist.

Dr. L. Kirby of Harrison has been called to Washington, D. C., by the Central Governing Board of the Volunteer Medical Service Corps to assist in codifying the physicians of Arkansas.

The call for volunteers in the Medical Corps is almost as urgent today as it has been at any time since the war started. Application blanks may be secured from the editor of this Journal.

The C. V. Mosby Company, St. Louis, have issued a new 88-page illustrated catalog of medical, nursing, pharmaceutical and dental publications.

The environment of advertising counts for much. The Journal of the Arkansas Medical Society has the same high standards for its advertising as for its news and editorial department. Our readers may rely on our advertisers.

Dr. R. B. H. Gradwohl, Director of the Gradwohl Biological Laboratories and the St. Louis Pasteur Institute of St. Louis, Mo., has recently been honored with the position of Organizing Director of the Naval Base Hospital, Unit No. 19, with the rank of Lieutenant Commander. Realizing full well the fact that these Laboratories are fulfilling a great national duty in caring for the wants of

physicians, Dr. Gradwohl will leave his splendid organization in full working order under competent direction during his absence. The physicians who have honored these institutions with their work may continue to send it to them with full assurance that their every want will be carefully and conscientiously looked after.

Among the Arkansas physicians visiting in Little Rock during the past month we saw: P. A. Ridler and E. M. Thompson, (Fort Smith; J. S. McMahan, Clinton; R. C. Dorr, Batesville; C. M. Lutterloh, Jonesboro; D. A. Hutchinson, Nashville; M. L. Norwood, Lockesburg; R. Q. Patterson, Augusta; G. B. Smith, Texarkana; L. T. Evans, Mt. Pleasant.

The president of the Volunteer Medical Service Corps wishes to make it clear to Arkansas doctors that the *Volunteer Medical Service Corps is a volunteer organization which has for its object the enrollment and classification of the profession*. Its members are entitled to wear an insignia which will clearly indicate that they have offered their services to the government, when such services are needed. Patriotism cannot be created by coercion. It also must be made clear that the Volunteer Medical Service Corps has for its primary object, furnishing its classification to the Army, the Navy, the Public Health Service, the Red Cross and Provost Marshal, as well as to civilian institutions and communities, as a guide in providing for their needs to the best advantage.

GOVERNMENT DESIRES PLATINUM.

The chief of the Section of Medical Industry of the War Industries Board has issued an appeal to every one, including especially physicians and dentists, that on account of the scarcity of platinum and the great need of that metal for war purposes, each should go over his instruments and pick out every scrap of platinum that is not absolutely essential for his work. These scraps, however small, should reach government sources either through accredited representatives of the Red Cross, who will make a canvass for the purpose of collecting the platinum, or through any bank under the supervision of the Federal Reserve Board. Current prices will be paid for the metal. A warning is issued against giving scrap platinum to any one not authorized to represent the Red Cross. Platinum absolutely required for dental and surgical instruments and purposes will be released from time to time. Jour. A. M. A.

PHYSICIANS' ROLL OF HONOR FOR ARKANSAS.

In addition to the names of Arkansas physicians recommended for commissions in the Medical Corps, published during the past year, the Surgeon General reports:

Samuel Ernest Smith, Banks, First Lieut.
Isaac Newton McCollum, Conway, Captain.
Joseph David Mitchell, Fort Smith, First Lieut.
James Hal Neal, Fort Smith, First Lieut.
Eugene Marlin Thompson, Fort Smith, First Lieut.
George Lewis Henderson, Greenbrier, First Lieut.
Charles Willis McLain, Gurdon, First Lieut.
Jasper Thomas Matthews, Heber Springs, First Lt.
George Littleton Wilson, Hermitage, First Lieut.
Josiah Wilkins, Hot Springs, Captain.
John Henry Stidham, Hoxie, First Lieut.
Rolland Fulton Darnall, Little Rock, Captain.
Charles Pusey McCracken, Little Rock, First Lieut.
William Enoch Jones, Magazine, First Lieut.
Enoch David Wall, Marianna, First Lieut.
Joseph Lowry Baird, Marked Tree, First Lieut.
George Earl Paullus, Marked Tree, First Lieut.
Harry Dalton Bogart, Marianna, First Lieut.
Benjamin Harmon Hawkins, Mena, Captain.
Walker David Judkins, North Little Rock, Captain.
Oleander Howton, Osceola, First Lieut.
Joseph F. Bell, Rison, First Lieut.
Darius Edrington, Searcy, First Lieut.
Walter Lee Kitchens, Stamps, Captain.
Thomas Edwin Rhine, Thornton, First Lieut.
Joel Cameron Land, Walnut Ridge, First Lieut.
John Silvester Swindle, Walnut Ridge, First Lieut.
Rufus Martin, Warren, First Lieut.
Mathew Clay Crandall, Wilmot, First Lieut.
Edmund Burke Brown, Cotton Plant, First Lieut.
John E. Cashin, Dierks, Captain.
Leonard Elmore Henderson, Eureka Spring, First Lieut.
Wesley Levi Shirey, Foreman, Captain.
Early Egbert Scott, Fort Smith, First Lieut.
Allie Karl Kolb, Hope, First Lieut.
Martin Van Buren Russell, Hope, First Lieut.
Theodore Ardsley Clifton, Hot Spring, First Lieut.
Abner Hugh Cook, Hot Spring, First Lieut.
Warren Laws Snider, Hot Spring, First Lieut.
James Boyd Strachan, Hot Spring, First Lieut.
David Carson Roberts, Kingston, First Lieut.
James Isaac Scarborough, Little Rock, Captain.
Robert Lee Fraser, McCrory, First Lieut.
William Thaddeus McRae, McNab, First Lieut.
Stanley Matthews Gates, Monticello, First Lieut.
Nall Carroll McCown, Palestine, First Lieut.
Asa Brunson, Pine Bluff, Captain.
Richard Adelphus Harkins, Ratcliff, First Lieut.
Edwin Booth Swindler, Stuttgart, First Lieut.
Robert Rodney Dale, Texarkana, First Lieut.
James David Thornton, Willow, First Lieut.

PREVENTION OF EPIDEMIC INFLUENZA.

The rapid spread of the epidemic of influenza has led to the issuance by the Surgeon General of the Public Health Service of a circular letter addressed to the medical officers in each of the United States quarantine stations with reference to the prevention of the introduction into the country on vessels of the disease referred to as "Spanish influenza." A short description of the disease is

given and the methods for its control and treatment summarized in *Public Health Reports*, Sept. 13, 1918.—*Jour. A. M. A.*

DOCTORS BOOST SERVICE FEES.

Prescott, Sept. 18.—The physicians in Nevada County have signed an agreement fixing a standard set of prices for calls and other duties the physician is called upon to perform. In a statement issued by the physicians, they called attention to the fact that they have not raised their prices, although everything else has been raised, especially farm produce and wages. The doctors state that since the automobile has come into use they are required to keep one or pay service car men as much perhaps for the use of a car as they make on a call. The following is a schedule of the prices to be charged by the physicians: Office consultations, with prescriptions, \$1.00; office consultations and dressing small wounds, \$1.00; day calls in city limits, \$2.00; night calls in city limits, \$2.50; telephone calls and prescriptions, 50 cents; obstetric fees within bounds of practice, \$15.00; an addition of \$1.00 per mile is charged for practice outside of the city.

The agreement was signed by the following physicians of the county: C. W. Brandon, Thomas J. Mendenhall, Rosston; Charles F. Nehms, Lanesburg; J. H. Sutton, Sutton; A. S. Buchanan, S. J. Hesterly, W. W. Rice, G. A. Buchanan, S. B. Gee, A. A. Reeder, Prescott; J. E. Cox, R. L. Hudspeth, Emmett; J. C. Tompkins, Bluff City; E. E. Shell, Cale; C. B. Hesterly, Willisville; W. M. Garner, Bodcaw; J. D. Merida (negro), Prescott.—*Arkansas Democrat.*

RESOLUTIONS.

The following resolutions were adopted by the executive committee of the Union County Council of Defense:

Whereas, Lieut. C. W. Garrison, State Health Officer, desiring to protect the citizenship and army from communicable diseases, was this day detailed to pay the city of El Dorado and the county of Union an official visit for the purpose of impressing the urgent necessity of obeying the health laws of the Government of the United States and the Government of Arkansas, and

Whereas, The laws are such that any physician, or layman, where a physician is not in charge, discovers the existence of communicable diseases and fails to report same prop-

erly, that physician or layman in charge of said communicable disease is subject to indictment and will be punished in accordance with the penalties denounced by the law. Among said communicable diseases the following are most prevalent: whooping cough, scarlet fever, scarletina, measles, mumps, tuberculosis, smallpox, typhoid fever, and venereal diseases. Now, therefore, be it

Resolved, That this County Council of Defense of Union County takes this method of calling the attention of the people of Union County, and the doctors of Union County, that all communicable diseases, when discovered, must be immediately reported to the proper local health authorities, and be it further

Resolved, by the Union County Council of Defense that it endorses the health laws of the State of Arkansas, as promulgated by the State Board, and that it use its influence to enforce same, and be it further

Resolved, That the Union County Council of Defense go on record as backing to the limit the county, city and all other health officers in the enforcement of all health laws; that it recommends to the City Council of the town of El Dorado, and other towns, that they take immediate steps to enforce the present laws, and that they proceed to enact further laws if deemed necessary, and be it further

Resolved, That a copy of these resolutions be sent to all of the doctors in the county, assuring them of the support of the Union County Council of Defense, and be it further

Resolved, That a copy of these resolutions be sent to each Community Council with the request that the enforcement of same have their personal attention.

Respectfully submitte,

EXECUTIVE COMMITTEE,

Union County Council of Defense.

Sept. 23, 1918.

Obituary.

DR. JAMES E. T. HOLMAN.—Dr. James E. T. Holman of Little Rock, died September 17, 1918, age 51 years. He is survived by his widow and two daughters, three brothers and five sisters.



J. C. WALLIS, M.D.
Arkadelphia
Died October 10, 1918
Age 64

VOLUNTEER MEDICAL SERVICE CORPS OF THE UNITED STATES

Authorized by the Council of National Defense; Approved by the President of
The United States.

INFORMATION.

1. What is the Volunteer Medical Service Corps?

The Volunteer Medical Service Corps is an organization which provides means for obtaining quickly men and women for any military or civil medical service required in the war emergency. It furnishes recommendations and necessary credentials to assure the best medical service, both military and civil.

2. How should application for membership be made?

Upon request to the Volunteer Medical Service Corps, Council of National Defense, Washington, D. C., application blanks and circulars of information will be sent. When received, the application form should be filled out completely, in accordance with instructions contained in the circular of information. The application should then be mailed to the Volunteer Medical Service Corps, Council of National Defense, Washington, D. C.

3. What is to be gained by the creation of this organization?

Placing on record all medical men and women in the United States; aiding Army, Navy, Public Health Service, Provost Marshal General's office and the American Red Cross in supplying war medical needs; providing the best civilian medical service possible; giving recognition to all who record themselves either in Army, Navy, Public Health Service, Provost Marshal General's Office, Red Cross activities or civilian service.

4. What is meant by classification?

It is the record of information furnished by the individual physician so that when the need arises, he may be requested to perform service that will be mutually advantageous to the individual and the service to which he may be assigned.

5. Who are eligible?

Every legally qualified physician holding the degree of Doctor of Medicine from a legally chartered medical school without reference to age or physical disability is eligible for membership in the Volunteer Medical Service Corps provided he or she is not already commissioned in the Government service.

6. How is eligibility to the Corps determined?

Upon information obtained from application blanks, three personal references and the Executive Committee of the State in which the applicant resides. Based upon the information thus secured, the Central Governing Board will finally pass upon applications.

7. Does membership in the Corps carry with it rank and pay?

This Corps is not authorized to bestow rank. Arrangements for compensation shall be made between a member requested to perform a specific duty and the agency requesting service.

The matter of compensation and place of service whether with or without rank must be determined at the time said request is made. When a member of the Corps accept service in the Medical Reserve Corps of the Army, the Naval Reserve Force, the United States Public Health Service, the American Red Cross or any Governmental department, he or she will be accorded the rank and pay incident to the service in the department in which he or she has enrolled.

8. Will any member of this Corps be ordered to active duty?

No member will be ORDERED to render any service. Requests to perform specific duties according to qualifications and availability under the classification of the Volunteer Medical Service Corps may be made from time to time as emergencies arise.

9. What will be the probable character of service members will be requested to render?

- (a) Medical Reserve Corps.
- (b) Naval Reserve Force.
- (c) United States Public Health Service.
- (d) American Red Cross.
- (e) Local and medical advisory boards.
- (f) State and local health departments.
- (g) Medical Schools and Hospitals.
- (h) Industrial plants.
- (i) Civil communities.

Caring for civil communities, stripped of medical attention. Caring for practices of physicians in military service. Reclamation of registrants rejected for physical unfitness. Services to needy families and dependents of enlisted men.

- (j) Miscellaneous service.

10. If members of the Corps are recommended for active military or naval service, in what order will they be recommended?

(a) Physicians under 55 years of age without dependents and without physical disabilities which are disqualifying will first be recommended. Following this group, physicians under 55 years of age without obvious physical disabilities which are disqualifying and with not more than one dependent in addition to self (Class I of the Volunteer Medical Service Corps) will be among the first to be recommended for actual war service. Any physician under 55 years of age who is without an obvious physical disability which is disqualifying and whose dependents have an income sufficient for the support of dependents other than that derived from the practice of his profession, may be recommended to enroll in the Medical Reserve Corps of the Army, the Naval Reserve Force or the United States Public Health Service when in the opinion of the respective Surgeons General his services are needed.

(b) Physicians under 55 years of age without obvious physical disabilities which are disqualifying and with not more than three dependents in addition to self (Class II of the Volunteer Medical Service Corps) will be the next group to be recommended to apply for active military or naval service.

(c) The next group recommended to enroll for active duty with the Army, Navy or Public Health Service (Class III), will be physicians under 50 years of age who are without obvious

physical disabilities which are disqualifying and with more than three dependents in addition to self.

11. What are the exceptions in these groups?

The exceptions in the above groups of physicians are as follows:

- (a) Those essential to communities.
- (b) Those essential to medical schools and hospitals.
- (c) Those essential to health departments.
- (d) Those essential to industries.
- (e) Those essential to local and medical advisory boards.

12. How will exceptions to these groups be determined?

(a) Essential to Communities: Essential community need will be determined by the Central Governing Board on recommendation of representatives of the Central Governing Board appointed by the Board to make a survey of local conditions.

(b) Essential to Institutions: Essential institutional need will be established after conference between representative of the Central Governing Board of the Volunteer Medical Service Corps and representatives appointed by the governing bodies of the institutions concerned.

(c) Essential to Health Departments: Essential health department need will be determined after conference between representatives of the Central Governing Board, Volunteer Medical Service Corps and representatives of health departments.

(d) Essential to Industries: Essential industrial need will be determined after conference between representatives of the Central Governing Board, Volunteer Medical Service Corps, and accredited representatives of industries involved.

(e) Essential to Local and Medical Advisory Boards: Essential local and medical advisory board needs will be determined after conference between representatives of the Central Governing Board, Volunteer Medical Service Corps and representatives of the Provost Marshal General's Office.

13. When will physicians who are not classified for actual military or naval service be requested to perform service?

When the emergency arises the following may be requested to perform duties in accordance with their qualifications and expressed merits as indicated by the information contained on their application blanks:

- (a) Physicians over 55 years of age.
- (b) Physicians without obvious physical disabilities which are disqualifying.
- (c) Those rejected for all Government service because of physical disability.

14. What are some of the duties that this last group of physicians ineligible for active military service may be requested to perform?

(a) Deducting those members of the medical profession who will eventually be in active military, naval or public health service, fully 75 per cent of the remainder will be encouraged to continue at their home duties.

(b) Some of these may be called upon to supplement their private practices by performing part time service to meet community needs hitherto performed by men called to active duty.

(c) Twenty-five per cent of those not actually engaged in war service (possibly 20,000 in number) who are now engaged in home duties but who have agreed to do work of any kind, anywhere, upon request of the Central Governing Board, will as the emergency arises, be recommended for duty in the following places:

1. Local and medical advisory boards.
2. Medical Schools and Hospitals.
3. Industrial plants.
4. Health Departments.
5. Communities lacking medical service.

15. How does enrollment in this Corps differ from actual conscription?

The Volunteer Medical Service Corps is exactly what its name indicates. It is a gentleman's agreement on the part of the civilian doctors of the United States who have not yet been commissioned in the Army or Navy or enrolled in the Public Health Service, or in the service of the Provost Marshal General, and a representative board consisting of Government officials associated with lay members of the profession in which the civilian physicians agree to offer their services to the Government if requested to do so by the Central Governing Board.

16. In what way can this Corps aid the Government?

By recording all physicians who are not yet in service and classifying them so as to utilize the talents and facilities of individuals to the best advantage and inflict as little hardship on the individual as possible, in accordance with the letter from the President of the United States authorizing the Corps "to supply the needs of the Army, Navy and Public Health Service * * * aiding in the important work of the Provost Marshal General's Office and Red Cross * * * and the problems of the health of the civilian communities of the United States." It provides a means by which every physician not in uniform will be entitled to wear an insignia which indicates his willingness to serve his Government. It furnishes a method by which the medical needs of the nation may be provided for through a representative board of physicians who know the needs of the Army, Navy, Public Health Service, Red Cross and civil communities.

17. To what extent must provision be made for essential civilian and industrial medical needs?

A large percentage of the physicians of the country will be required to care for their respective home communities and to meet civilian health needs. This percentage of necessity will be expected to maintain their home status and continue their professional work.

18. Will enrollment in the Volunteer Medical Service Corps excuse a physician in the draft age from registration under the Selective Service Law or from being classified therein?

Positively not.

19. Why then enroll in the Volunteer Medical Service Corps if it does not supplant the draft?

(a) Under the Selective Service Law individuals in the draft age are registered and inducted into the service as privates. The Volunteer Medical Service Corps enrolls and class-

ifies individuals as prospective commissioned officers and will when requested assist in establishing the individual's status when he requests transfer from the enlisted forces to the commissioned branches of the service.

(b) Enrollment in the Volunteer Medical Service Corps definitely registers the physician as a patriot and provides definite Governmental recognition of his willingness to serve.

20. Why should every physician in the United States enroll in the Volunteer Medical Service Corps?

(a) The unsurpassed record of voluntary enrollment for actual service on the part of the medical profession must be maintained.

(b) The Army and Navy must not be hampered for a moment for lack of doctors to care for the sick and wounded boys fighting our battles at the front.

(c) The public health must be conserved.

(d) The medical needs of the Provost Marshal General must be adequately met.

(e) The great industries furnishing materials of war employing thousands of patriotic workers, must have medical service.

(f) The home folks, the old and young wearily waiting over here, must have doctors.

(g) Recording, classifying, and careful distribution and full utilization of our entire profession of medicine will enable us to instantly supply all demands, and our utmost resources will then be available to aid in establishing a permanent peace that will forever make this world a safe place in which women and children may live.

Propaganda for Reform.

AN ITALIAN VIEW OF THE PROPRIETARY EVIL.—A. Murri, professor of clinical medicine at Bologna, protests against the way he is importuned to prescribe only made-in-Italy pharmaceuticals. He declares his unswerving patriotism, but insists that the physician's duty is to prescribe that which is best to restore the health of his patients. He holds that to elevate the pharmaceutical industry of Italy, there must be founded a supreme council of chemists, pharmacists and clinicians, who will examine the made-in-Italy pharmaceuticals with the severest scientific impartiality (Jour. A. M. A., Sept. 7, 1918, p. 840).

DR. A. W. CHASE'S NERVE PILLS.—According to the label, these pills are "used in the treatment" of "thin and watery blood, nervous disorders, brain fag, nervous headache, nervous dyspepsia irregular heart action, sleeplessness," etc. A circular in the box calls attention to the use of these pills in the treatment of almost everything from pale, sallow complexion, to paralysis and locomotor ataxia. An analysis made in the A. M. A. Chemical Laboratory indicates that "Dr. A. W. Chase's Nerve Pills" contain iron, possibly in the form of ferrous sulphate which is

in a state of more or less decomposition, manganese dioxid, aloes or aloin, vegetable extractive, and a trace of an alkaloidal drug (Jour. A. M. A., Sept. 7, 1918, p. 844).

TWO MISBRANDED NOSTRUMS.—Brazilian Balm, directly or inferentially, was claimed to cure consumption, prevent lockjaw and "clear out of the system" the germs of typhoid and diphtheria. A shipment of the nostrum was seized by the Federal authorities and ordered destroyed by the court.

Wright's Indian Vegetable Pills were claimed to cure yellow fever, smallpox, erysipelas, consumption, cancer, venereal disease, paralysis, epilepsy and other conditions too numerous to mention. The Government, having seized a shipment and charged that the claims were false, the proprietors of the pills admitted the allegation (Jour. A. M. A., Sept. 7, 1918, p. 844).

BITRO-PHOSPHATE.—The A. M. A. Chemical Laboratory reports that this appears to be a five-grain tablet of calcium glycono-phosphate. Since a bottle containing forty-two tablets sells at one dollar and this price is sixteen hundred per cent greater than the cost of the calcium glycono-phosphate contained therein, it is asked if this comes within the excess profit tax. The claims made for Bitro-Phosphate are those which were made for calcium glycono-phosphate when it was erroneously supposed that organic phosphates were more readily assimilated than inorganic phosphates. Bitro-Phosphate is sold by the Arrow Chemical Company. E. S. Prather, the present owner of this company, has been interested, directly or indirectly, in a considerable number of questionable products and schemes (Jour. A. M. A., Sept. 14, 1918, p. 921).

THE PATRIOTIC MEDICAL LEAGUE IN ITALY.—In a recent issue of the *Unione dei Medici Italiani per la Resistenza Nazionale* of Italy, the work of the A. M. A. Council on Pharmacy and Chemistry is described in detail. The description of the work of the Council is by Dr. V. Ronchetti, physician in chief of the Ospedale Maggiore of Milan. He refers to the work of the Council to show what is being done in the United States in this line, "in a truly, admirable, simple, and practical manner," and compares this with the ineffectual control of pharmaceuticals in Italy. He holds that it should not be a difficult matter to co-ordinate certain departments in Italy's universities to form the nucleus for

an istituto di controllo for medicinal products—an institution which would serve as a guarantee for the sick, as a guide for the manufacturing chemists in their production, and for physicians in their application of the products (Jour. A. M. A., Sept. 14, 1918, p. 918).

EATONIC.—If one believes the claims of the Eatonie Remedy Co., Chicago, “the Advanced Scientific Thought of the Medical World has been called upon to produce Eatonie”! According to newspaper advertisements, Eatonie “Instantly relieves heartburn, bloated, gassy feeling, stops acidity, food repeating, and stomach misery.” From the analysis in the A. M. A. Chemical Laboratory, it appears that Eatonie comes in the form of tablets each containing approximately 5.5 grains calcium carbonate, 15 grains sugar, 3.25 grains charcoal, with peppermint and undetermined material. Eatonie will do nothing that cannot be done as well by a “sodamint tablet” (Jour. A. M. A., Sept. 21, 1918, p. 993).

CAMPETRODIN AND CAMPETRODIN No. 2.—The A. M. A. Chemical Laboratory reported to the Council on Pharmacy and Chemistry that from the advertising of the A. H. Robins Company, Richmond, Va., it appeared that Campetrodin and Campetrodin No. 2 are claimed to contain elementary (free) iodine in an “oleaginous solvent,” and that the second preparation contains twice as much iodine as the first. The laboratory’s examination demonstrated, however, that there was but a trace of free iodine in the preparations; that practically all of the iodine appeared to be in combination with a fatty oil, and that the second did not contain twice as much iodine as the first. Having considered this report of the analysis and the claims made for the preparations, the Council declared Campetrodin and Campetrodin No. 2 inadmissible to New and Nonofficial Remedies because of false statements as to composition and therapeutic action (Jour. A. M. A., Sept. 21, 1918, p. 993).

SUGAR TREATMENT OF TUBERCULOSIS.—Doménico Lo Monaco, professor of physiological chemistry of the University of Rome, has studied the influence of the secretions of sugar parenterally introduced. He found that when persons with copious bronchial secretions are given subcutaneous injections of 4 or 5 gm. of sugar (saccharose), expectoration rapidly diminishes and ceases completely in many cases. It is claimed that an intramuscular injection of strong sugar solution is of considerable value in the treatment of

the tuberculous in that by diminishing the bronchial secretion, it diminishes the cough and annoying night sweats. It is further suggested that the treatment will be useful in that it will decrease the amount of sputum scattered about by consumptives (Jour. A. M. A., Sept. 28, 1918, p. 1083).

CARMINZYM NOT ADMITTED TO N. N. R.—The Council on Pharmacy and Chemistry reports that Carminzym (Fairehild Brothers and Foster) is declared to contain in each tablet approximately 32 mg. of an extract of pancreas, 50 mg. sodium bicarbonate, 172 mg. prepared chalk, 1.5 mg. powdered ipecac and “aromatics q. s.” Without considering other possible conflicts in its rules, the Council held the preparation inadmissible to New and Nonofficial Remedies because it is an irrational mixture, the use of which is detrimental to therapy. The Council explains that the employment of mixtures of pancreatic extract, alkalis, ipecac and carminatives in fixed proportion leads to slipshod treatment and tends to make the practice of medicine mere guesswork (Jour. A. M. A., Sept. 28, 1918, p. 1081).

DETERIORATION OF ARGYROL SOLUTIONS.—The manufacturers of argyrol advise that argyrol solutions be made freshly when required. The need for this precaution is confirmed by a report of work which indicated that the gonococidal activity of an argyrol solution began to decrease a few days after it had been made and had decreased 75 per cent after two months (Jour. A. M. A., Sept. 28, 1918, p. 1084).

INSTABILITY OF FLUIDEXTRACT OF ERGOT.—There is some difference of opinion among investigators as to the keeping quality of fluidextract of ergot. However, it is clear that it loses its activity quite rapidly and may become inert within a year (Jour. A. M. A., Sept. 28, 1918, p. 1084).

THE ADMINISTRATION OF QUININ.—From a study of the elimination of quinine in different diseases, it appears that for optimal effects it is best in most cases to give quinine every three or four hours in approximately 0.25 gm. doses, preferably by mouth except when there are gastro-intestinal disturbances, and here subcutaneous or intramuscular injection is indicated. Needless to say, the daily 2 gm. should be exceeded in cases of pernicious and primary malaria. The intravenous method should be employed in pernicious cases (Jour. A. M. A., Sept. 28, 1918, p. 1086).



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No. 6

Original Articles.

INGUINAL HERNIA.

By H. H. Kirby, M. D.
Little Rock, Ark.

In the operative treatment of inguinal hernia, the surgeon, to secure the best results, must properly approximate and suture the fascia, rather than the usual suturing of muscles in such repair work. In other words, restore the normal fascial slit for the passage of the cord, that is, convert the abnormal ring of rupture or imperfect formation into a normal slit. To do such an operation success-

In the beginning formation of the layers of the anterior abdominal wall, there is at first a growth of tissue upwards which brings about a closure of the ventral fissure to the umbilicus. At this early fetal state, the direction of the pelvic formation is practically vertical, and as a result, the tissues in the inguinal region likewise are almost vertical in their direction. It is during this time that an elevation appears in the inguinal region, having attached to it the inguinal ligament, or the definitive gubernaculum testis. This elevation includes all the layers of the abdominal wall, and the opening is directly through the abdominal wall. The tunica vaginalis,

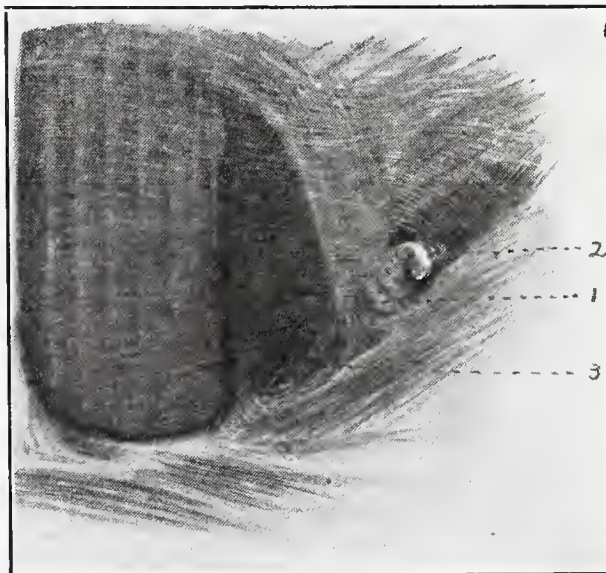
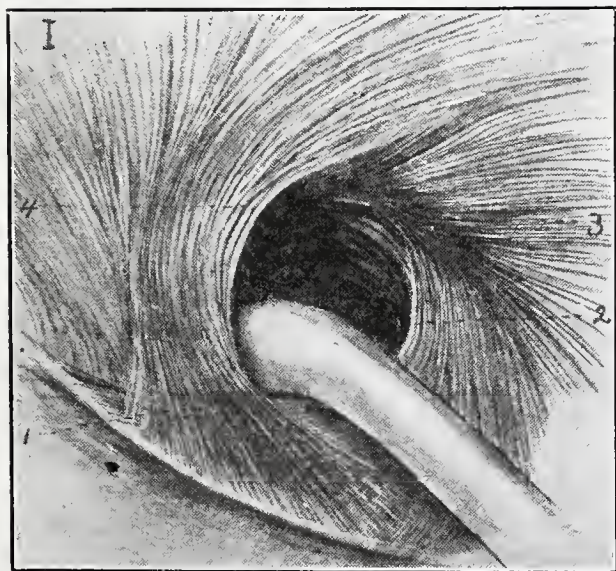


Illustration No. 1.—Annulus Inguinalis Abdominalis (Internal Abdominal Ring). (1) Fibers of musculus transversus; (2) Fibers of ligamentum interfoveolar; (3) Fusion of two layers; (4) Some of fibers of musculus transversus drawn laterally.

fully, the surgeon must know the normal development and relations of the parts in surrounding hernia, and especially have a correct knowledge of the fascia connected with hernia. In order to make clear the plan of operation, which I deem best to cure inguinal hernia, I shall give a brief description of the development of the fascia and other structures connected and related to hernia.

together with the layers of the abdominal wall are drawn directly toward the scrotum, which is still in a state of formation. Examination of the layers at a later period discloses the true layer of the transversalis which forms a funnel-shaped pouch, and continuing upward and inward on the deep surface of the transversalis muscle, are the fibers of this fascia, which spread out like a fan. In the

adult this is known as the ligamentum interfoveolar. In addition to this fascia, there is a fascia formed by an early attachment of the musculus transversalis to the pecten pubis and inguinal ligament, the fibers of which are continuous with the true posterior sheath

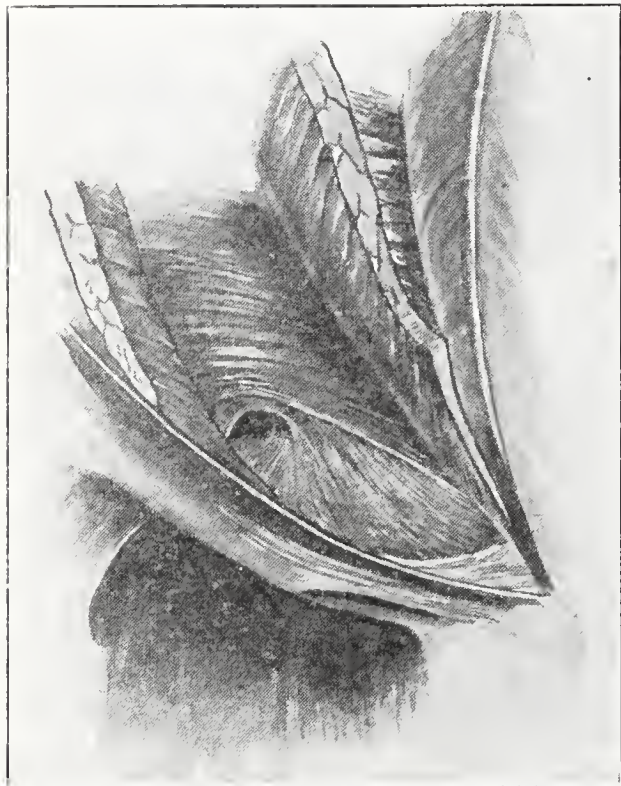


Illustration No. 2.—Showing fibers from lower border of musculus transversus.

of the musculus transversalis. These fibers pass downward and inward and arch above the cord. As development proceeds, there is a gradual widening of the pelvis, the tissues being drawn laterally so that at the time of birth, a clearly demonstrable inguinal canal is found. However, even at this time, the change has been so little marked in proportion to the upper abdominal wall that the direction of the fibers of the region is almost vertical. Muscular structures, however, have begun to draw away from the inguinal ligament (Poupart's ligament) and to leave uncovered by muscle an area internal and below the annulus inguinalis abdominalis (the internal abdominal ring). The space being filled, however, by the attached fascia of the musculus transversus (transversalis muscle) to the ligamentum inguinale, and the underlying transversalis fascia. The muscle again, being attached internal to this space to the pecten pubis (ilio-pectineal line) by its tendon the falx inguinalis (conjoined tendon). As the pelvis broadens, which is gradual until the eleventh year, after which

it is more rapid, the canal assumes a more oblique position. The fibers joining the lower border of the musculus transversus (transversalis muscle) to the inguinal ligament become more and more arched and finally fuse with the underlying transversalis fascia as a support for the area uncovered by muscle. The outer third of the canal is covered by the musculus obliquus internus (internal oblique). The results of such changes on the internal abdominal ring are the sheath attachment of the musculus transversus becomes arched above the cord and arising from the inguinal ligament lateral to the ring, forms thereby the anterior layer of the slit, or as it is improperly called, the ring or annulus, through which the cord passes. The posterior, or true transversalis layer, forms the medial or internal layer, fusing above and internally with the lateral or anterior layer. Normally, the anterior layer of the abdominal ring overlaps the posterior layer so that in increased intra-abdominal tension the opening becomes closed more securely. In addition to this overlapping, there is a small distinct muscle attached to the lateral or anterior layer and inserted into the body of the pubis. There can be little doubt that this has to do with keeping the arched fibers of the anterior layer drawn medially and thereby preventing the ring formation such as is seen in hernia. With these few anatomical points in mind, I shall attempt a description of an operation devised,

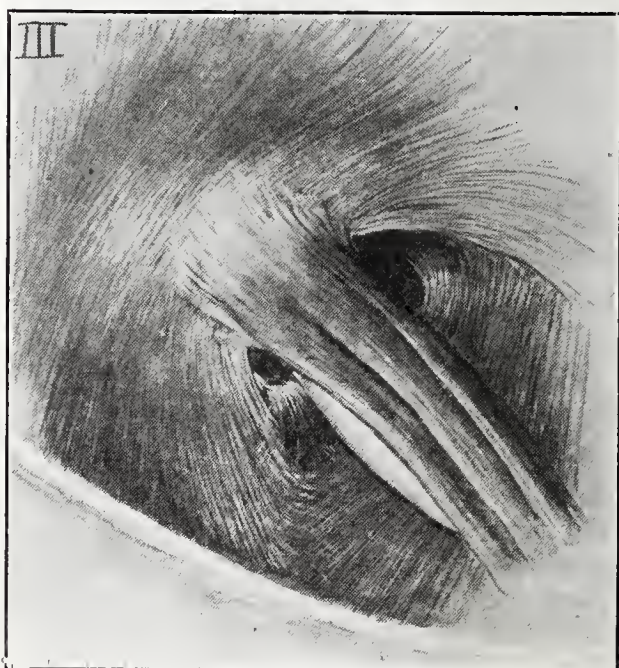


Illustration No. 3.—Showing small muscle attached to anterior layer of fascia. Medially it is attached to the body of the pubis.

which if properly carried out without complications, should result in one hundred per cent cure.

The skin incision is made from a point about an inch internal to the anterior superior iliac spine to a point over the pubic tubercle. The external oblique aponeurosis is then divided over and in the direction of the inguinal canal. The aponeurosis is then separated from the underlying tissues down to the inguinal ligament clearly exposing it. The upper flap, likewise, is separated from the un-

derlying tissues for about an inch. The cremaster muscle is now exposed, together with the anterior cutaneous branch of the iliohypogastric nerve, lying on its surface. Grasping the cremaster near its upper border, at the same time, avoiding the nerve, the thin fibrous layer is seen connecting the lower arch border of the internal oblique muscle to the cremaster muscle. This layer is divided along the length of the canal. The cremaster is now separated from the underlying structures, thereby exposing the sac and cord sur-

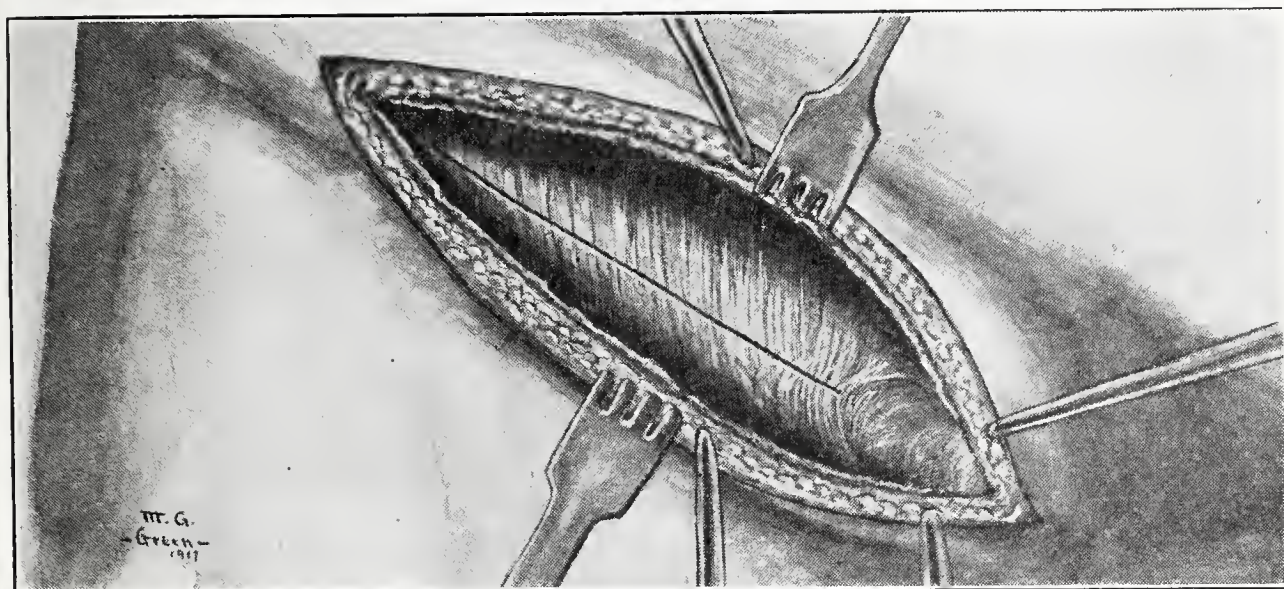


Illustration No. 1-A (Of Operation).—Incision through the skin and aponeurosis of external oblique.

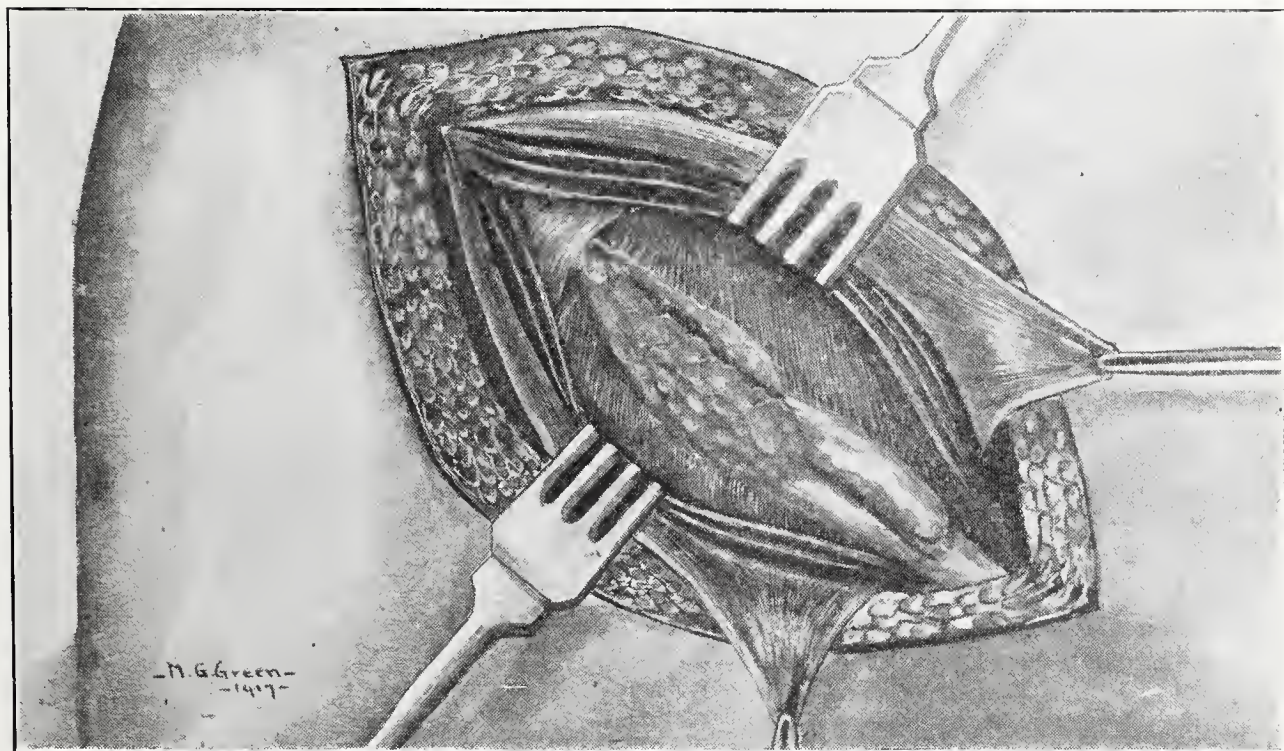


Illustration No. 2-A (Of Operation).—Showing cremaster muscle retracted from sac cord and two small layers of fat. Same are surrounded by fascia.

rounded by the fascial layer; the sac lying internal and anterior to the cord. This is the place where it is always found, even in congenital types, the spread-out cord is on the posterior and lateral surface of the sac. These structures are all raised together. In this

way, the transversalis fascia, forming the medial side of the ring, is most clearly and easily displayed and clamps applied to the same. With this as a working point, the upper and lateral portions of the ring are easily caught. An incision is now made

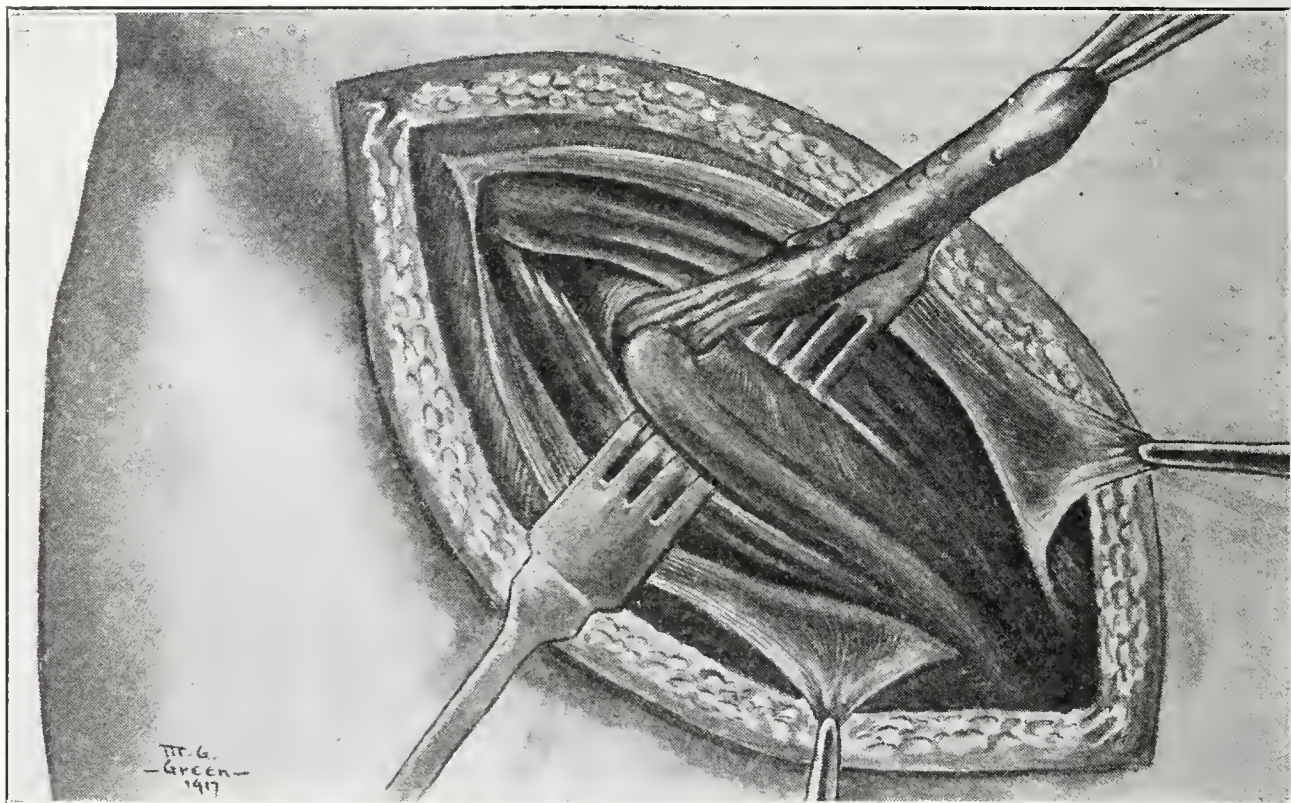


Illustration No. 3-A (Of Operation).—Show sac separated from cord.

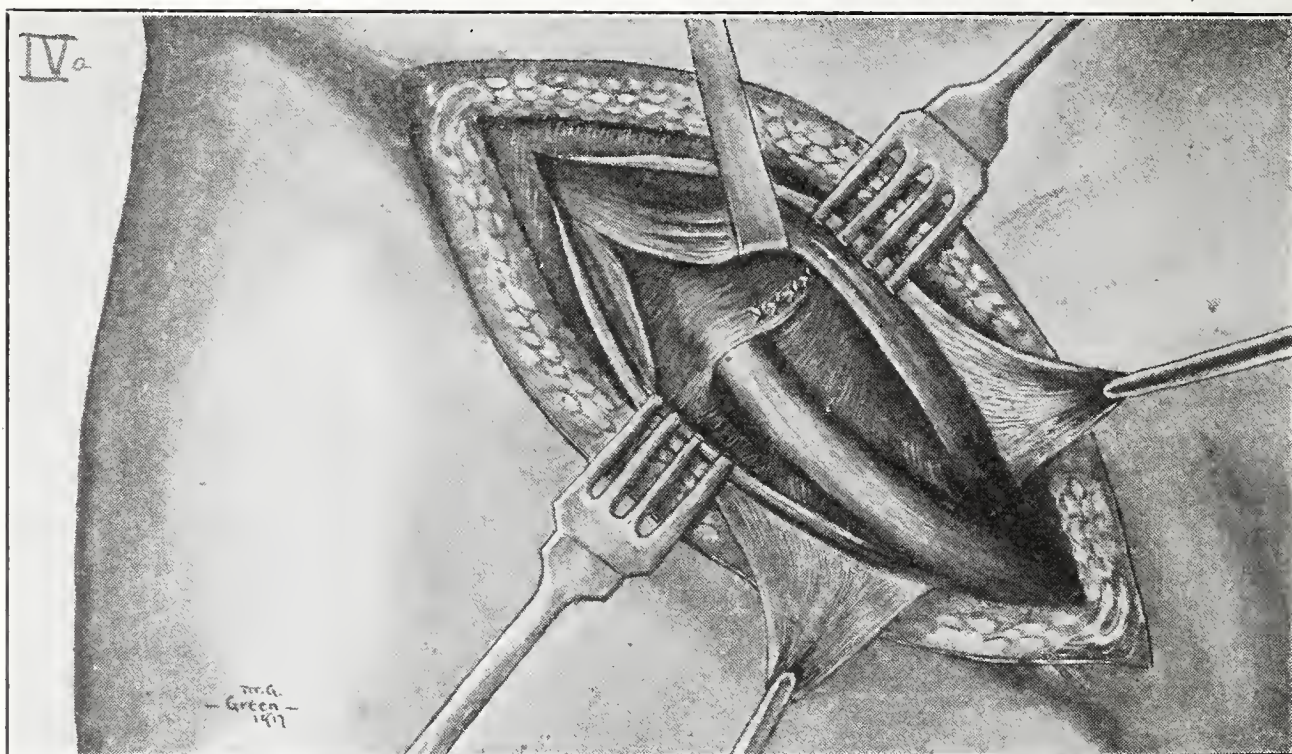


Illustration No. 4-A (Of Operation).—Showing method of suturing of annulus inguinalis abdominalis; drawing the inner layer underneath the anterior. The direction of the suture is not so vertical as shown in drawing. Annulus should be shown laterally displaced by the suturing.

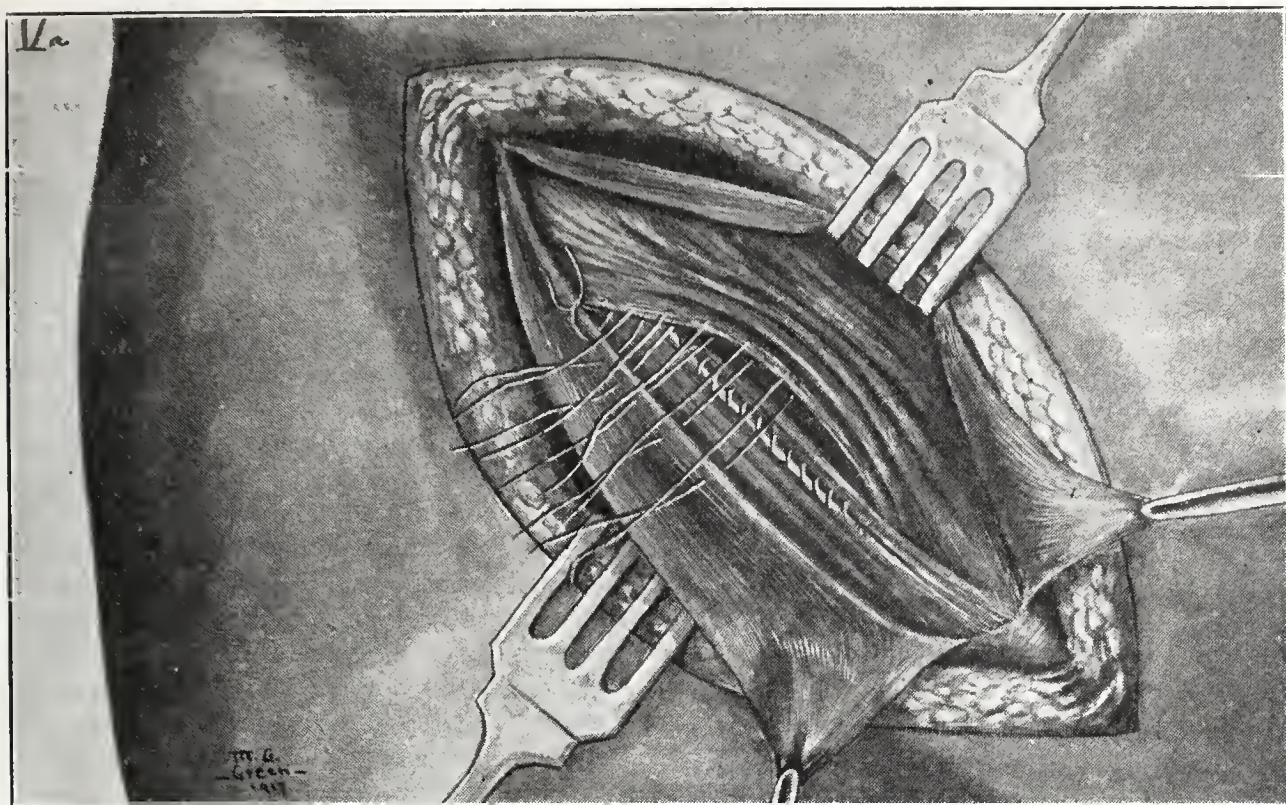


Illustration No. 5_A (Of Operation).—Showing continuous suture in cremaster, interrupted suture placed on deep surface of internal oblique.

through the fascial layer, holding the cord and sac together. The cord is then separated from the sac. Likewise two small pads of fat, which lie internal and anterior to the sac, are dissected free from it. This being done, the sac is opened, transfixed, ligated and cut off; the stump being allowed to retract into the abdomen. The two small pads of fat are now placed over the stump and underneath and the transversalis fascia. The fascia is now sutured in the following manner: Beginning above and internal, where the fusion of the outer and inner layers of the fascias has occurred, the inner layer is drawn underneath the outer, so that it becomes the posterior layer as is seen in the normal state. The suturing is continued laterally and downward, in this manner, until the opening has been closed, care being taken not to constrict the cord. An additional row of sutures is then placed, attaching the outer fascial layer to the anterior surface of the inner layer. The slit condition of the opening is now produced. The next procedure is to grasp the lower deep surface of the arched fibers of the internal oblique and suture it to the inguinal ligament over the cord. By so doing, the tendinous portion of the muscle has been utilized to lengthen the attachment rather than the muscle fibers themselves with

a resulting scar formation. The cut edges of the external oblique are then sutured, care being taken not to include the overlying layer of fascia (Scarpa's fascia) which is sutured separately to prevent the tendency to drawing and stiffness often complained of, following operations for inguinal hernia. The skin is then sutured in the usual way, and the operation is completed. The suture of the internal oblique is most likely unnecessary. I have left it unsutured many times without recurrences. It is not the incomplete origin of this muscle that leaves the opening uncovered, but the failure of the medial or posterior layer of fascia to be drawn outward to its normal position, thereby allowing the annulus inguinalis abdominalis (internal abdominal ring) to be placed too far medially. The operation devised places the ring laterally. If suturing the muscle does help, then I want to emphasize the point mentioned above as to the way it should be attached. In addition, I would consider the correct time for the operation in the infant to be from the fifth to the eleventh months, because it changes its habits at these times, sitting at the fifth month and walking at the eleventh. If it is not performed at these times, there must necessarily result a hindrance to the activities of the child and consequently to the develop-

ment of it. Unconsciously a child will protect and restrict itself under such circumstances, and too, the simple removal of the sac will suffice because of the practically vertical state of the tissues at these times. Should the child be allowed to go on with the hernia, a cure is most likely to result if it is to occur, from the eleventh to the thirteenth year, when the pelvis begins to broaden and the fascias are drawn laterally. Especially does this happen to the inner layer of fascia. The later appearance of a hernia deserves attention as soon as the individual can be induced and there are no contra-indications.

*INTUSSUSCEPTION.

By E. F. Ellis, M.D., F.A.C.S.
Fayetteville.

REPORT OF TWO CASES. OPERATION RECOVERY.

Intussusception is a condition occasionally seen in adults, more frequently in children from the age of six months to three years. It is distinctly destructive to life and if not promptly diagnosed and proper treatment instituted, a large per cent of the cases may die. If they do not lose their life, they will suffer prolonged invalidism from the suppurative and ulcerative processes incident to the efforts of nature to remove the intussusceptum. I wish briefly to review some of the early symptoms seen in most cases and relate, as I believe, some of the causes for the development of the condition.

ETIOLOGY.

Trauma to abdomen, spasm and paralysis are spoken of as causes. I believe it probable that sensibilization of the musculature and mucosa of a localized portion of small intestine or colon with protein substances may be a factor in causation. This sensitized state produces a cessation of the motor function of the bowel in a given portion by suspending temporarily the normal impulse. This allows that part so deprived of normal nerve supply to start a course of inversion. This sensitization is similar to that which occurs in urticaria of the skin and angioneurotic edema of the cellular tissue. This state is usually a factor when preceded by diarrhea manifestations of more or less intensity previous to the development of the intussusception. A long mesen-

tery also favors its occurrence. An appendix acutely or subacutely inflamed by the vasomotor ataxia and spasticity it produces in cecum and ascending colon may be a cause in exactly the same manner as referred to above. In fact, this seems to have been the etiological factor in both of my cases; at least in each case the appendix showed distinct evidence of a recent inflammatory process. In a large majority of the cases, the inversion process begins at the ileocecal valve, demonstrating that impaired motor impulse must have originated thereabouts. Should the condition not be early recognized and appropriate surgical treatment instituted, the constriction at the neck and the engorged state of intussusceptum will lead to rapidly destructive changes in the bowel wall and may be to overwhelming toxemia. If in existence for some time return of invaginated portion may be rendered impossible by adhesions and engorgement in dependent part of inverted bowel. Only in rare cases does sloughing occur in the intussusceptum, where it is most constricted, and relief obtain in that way.

SYMPTOMS.

All authors agree on the sudden *onset* of symptoms, the severity of which will to some extent depend upon the amount of bowel invaginated and the ensuing constriction which results at the site of the obstruction. If a large portion of ileum is swallowed up by colon, early evidence of profound shock is present. Pain is always a symptom and its distinguishing feature is its sudden and violent onset. The pain is soon followed by vomiting unless the obstruction is low down in large intestine; it will then come later. Abdominal distention quickly supervenes. This in turn will be accompanied with the passage of blood and mucous stools. Some writers say that hemorrhage from the bowel in connection with pain and other abdominal symptoms is pathognomonic of intussusception. Preceding the bowel hemorrhage there is one or more fecal movements; in fact, some of the cases have a pronounced diarrhea for some time before the hemorrhage from the bowels occur. This is one of the distinguishing symptoms of the condition. The temperature in the early hours is normal or subnormal. With the development of localized peritonitis some hours later an elevation of several degrees is noted. Pulse and respiration are accelerated, particularly the former, which

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

becomes more rapid as adynamia advances. Vomiting of gastric contents occurs sooner or later and this is followed by stercoraceous vomiting if the obstruction is complete for some hours. The child very early in the process shows evidence of the extremely serious character of the illness.

Examination of the abdomen will disclose the presence of a tumor usually in right iliac region or right hypochondrium or both, rarely in other parts of the abdomen. It is easily palpable, sausage-shaped, rounded and doughy to touch. If the case is not seen before abdominal distention has developed, this feature may not be brought out satisfactorily. The extreme sensitiveness of the child's abdomen may make it difficult to disclose the existence of localized tumefactions. With the above symptoms clearly in evidence, the only logical procedure is early laparotomy, before peritonitis develops, and before toxemia from intestinal putrefaction and other causes overwhelms the patient.

I wish to report two cases upon whom I operated early. One was a child in the family of a regular patron of mine; the other a patient of Dr. Swift, who, with Dr. Walker, made a diagnosis of intussusception and I was requested to operate. In both cases the operative findings confirmed the previous diagnosis and both cases made an uninterrupted recovery.

REPORT OF CASES.

Dorothy N., age two years; breast-fed to one year of age. Some diarrhea at intervals from intestinal indigestion, but was never severe and was controlled by withholding food for a time. No other illness or indisposition could be ascertained. At 10 o'clock in morning she was suddenly seized with overwhelming pain in abdomen while at stool on her small commode. This was soon over and the child played around the house some during day, but would have recurrent attacks of pain and tenesmus. There was no vomiting until 6 o'clock in the evening after having had the severe attack of abdominal pain and passage of bloody mucous stool. At this time I was called. After a history of the case a physical examination of abdomen was made, which disclosed the characteristic sausage-shaped tumor in right iliac region extending well up into right hypogastrium some four inches in length and more than an inch in diameter. Considering the symptoms and physical findings, I apprised the mother of the seriousness

of the case and advised immediate exploratory laparotomy. The child's father being away from home and the mother not wanting the whole responsibility in deciding on an operative case, operation was postponed until 11 o'clock at night. In the meantime the patient had been moved to the City Hospital.

Ether anesthesia was given and side prepared in usual way. An incision was made in abdomen at outer border of right rectus. After abdomen was opened the search was started at cecum. Here was found the beginning point of an intussusception. The ileum having been swallowed up, so to speak, for a distance of six or seven inches by the colon. The cecum was in part drawn in the vortex with the base of appendix vermiformis which was shown to be in a gangrenous condition. The inverted portion to ileum was carefully withdrawn from colon, to which there were no dense adhesions; but it was covered with flecks of plastic lymph, and darkly discolored throughout the inverted portion. This, on being removed was covered with hot saline sponges. When it was discovered that the integrity of the bowel was good and resection unnecessary, a removal of the appendix was done, after which the abdomen was closed in layers and dry gauze dressing was applied. First post-operative day, patient had a large bowel movement of bloody mucous streaked with yellow and green. For about ten days bowel movements were frequent and contained mucous. Wound healed by first intention. Diet: first, albumin-water; later, buttermilk and malted milk. Patient left hospital on fourteenth day in good condition and has remained well for more than a year and a half.

Ruby S., age 9. Had Scarlatina three years previous—severe attack—followed by nephritis and anasarca. Nephritis continued to time of operation, as was shown by a large number of finely granular casts, albumin, etc. No other illness. Family history negative. Had always been a delicate child with easily upset digestion. In the forenoon she was seized with severe abdominal pain followed by blood and mucous discharges, vomiting, evidence of shock, etc. Dr. Swift was called and on examination found a tumor mass in right iliac region with the characteristics of intussusception which he diagnosed as the condition. Dr. Walker was called and confirmed the diagnosis. The child was brought to the City Hospital, a distance of twelve miles. I was asked to see the case. After a history and

the physical finding, I concurred in the opinion of the other medical men and emphasized the necessity for immediate operation, which, with the assistance of Drs. Walker and Swift, I did at 3 o'clock on the following morning. Right rectus incision was made and abdomen opened over greatest prominence of tumor. The tumor was easily located and brought out of abdominal wound and found to be in ascending colon in which about seven inches of the terminal ileum was invaginated, also carrying in with it more than half of the appendix which was becoming gangrenous. The ileum was gently extracted from colon and found to be very darkly discolored. It, however, soon showed improvement in color after applications of hot, salt sponges. The appendix was removed, meso tied short, after which the abdomen was closed as in the other case. No attempt was made to shorten the mesentery of ileum in either case, fearing mesentery thrombosis would result in the already damaged mesenteric vessels. The post-operative course was uneventful, the patient making a complete recovery, except for the nephritis, which still exists.

In conclusion, I wish to say that this paper was written only in the hope of impressing on the general practitioner, into whose hands the majority of these cases come, the necessity for early diagnosis and prompt surgical treatment.

*THE USE OF COPPER SULPHATE AS AN ANTISEPTIC.

By C. S. Pettus, M. D.,
Little Rock..

In relating to you my experiences with copper sulphate I can make only a clinical report. My laboratory facilities, as well as my assistance is so deficient at the County Hospital that I have not been able to make cultures to give the scientific evidence that many may demand.

The clinical material has been in abundance to use for experimental purposes to demonstrate the value of copper sulphate as an antiseptic and my extensive use of this drug began in a small way, gradually growing to larger use to that point that at present no other antiseptic is used in the entire hospital for dressing wounds and in preparing for

operations only in surgery where the abdomen is open, at which time the abdomen is painted with iodine. In cleaning up for an operation I use no other antiseptic except the solution of copper sulphate to wash my hands. It is an astringent but is not uncomfortable, in fact, after the astringent part wears off it is rather pleasant, and "it leaves no stain behind."

Many of the physicians present have been chagrined to learn at some time or other that a case of gonorrhea which he was unable to master was cured by the use of a solution of copper sulphate suggested to the sufferer by some old negro of the community or some other former sufferer who had been told that it was good for that disease and had used it to an advantage. Because the treatment prescribed did not cure, they were ready to use any treatment suggested and were much delighted over the outcome of the use of this simple drug.

I was much impressed when I saw the crude drug used on granulated eyelids, and more astonished when told though it would destroy the granulation it would not have any deleterious effect on the healthy structure of the eye. The claims made for copper sulphate in destroying the typhoid bacillus (1/200,000 will destroy the typhoid bacillus within ten hours) and the above suggestions, along with the price of the drug, were the inducements leading me to try out its efficiency.

I first started to using copper sulphate as an antiseptic in a 1/2,000 solution as a dressing in all ordinary wounds that came to the hospital. My results were so agreeable in these dressings that I began to use it as an antiseptic in larger things. My surgical use of copper sulphate has been so entirely satisfactory that I am forced to admit my infections, stitch abscesses, etc., have been less than at any other time in my surgical experience.

I have performed the following operations using no other antiseptic than the one mentioned:

Eleven perineorrhaphys (two of these I amputated a part of fundus of uterus), nine tracheotomies, nine herniotomies, two fistula in ano, six circumcisions, one resection of rib, two resection of bone, one amputation of breast, one removal of saphenous vein, one resection of testicle, two clitorectomies, three amputation of toes, one urethrotomy, eight

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

fatty tumors, six hemorrhoids, two ingrowing toe-nails, one amputation of shoulder joint, one amputation of hip joint, and numerous smaller operations.

I was so impressed with the value of copper sulphate as an antiseptic I prepared the following letter and mailed to many hospitals and members of the profession:

A REPORT OF MY EXPERIENCE OF COPPER
SULPHATE.

Dr. C. S. Pettus,
Superintendent County Hospital,
Little Rock.

"When every patriotic effort, ingenuity, and economy, and the closest consideration of all important questions of conservation because of the war are paramount, when the hospitals and staffs over the country are doing their part in investigations, to these ends, I wish to call the attention of the profession and hospitals to copper sulphate as an antiseptic.

"So many cases of Neisser's infection which have given the profession trouble and with which so little was done, have been cured by the infected individual taking the layman's advice to use copper sulphate as an injection. Of this, I heard so much from the layman that I began to investigate the drug.

"The claims especially made by Pennington and associates that one part of copper sulphate in 2,000,000 of water will kill typhoid bacillus in ten hours, though disputed by Clark and Gage, make the drug an attractive study as a germicide. Such a solution may be taken into the stomach with impunity without the least bad results.

"A stick of the crude drug may be used to destroy the granulated lids without any bad effect. Its escharotic effect on ulcers without affecting the surrounding healthy tissue, its destruction to the germs of the mucous membrane without deleterious effect on that tissue, etc., all is suggestive to me of its value as an asepsis. Added to these clinical values is the low price of the commodity.

"For the past six months I have experimented with the drug as extensively as my clinical material would permit. With the exception of painting the abdomen with iodine (I do not yet feel justified to enter the abdo-

men with the limited investigation), I use no other aseptic for preparing fields for operation, dressing wounds, etc., than a 1/1000 copper sulphate solution.

"With the short period of my investigation, I do not pretend to speak with authority, and because my investigation is only clinical, I cannot offer the defense of its aseptic value that I believe might be offered on further investigation.

"For the past three months in all perineorrhaphies, tracheorrhaphies, herniotomies, in fact in all but abdominal surgery, a 1/1000 solution of copper sulphate has been used exclusively.

"From an aseptic point of view, my results from its use have been better than from the use of any other drug at any period before during my professional career. However, my report will not include more than forty operations.

"In dressings of wounds, etc., I use 1/1000 in douches and urethral irrigations 1/2000 to 1/1000 with the best of results.

"During normal times I would not offer this data on such short investigation; but present conditions now demand all information that may be of value. Although my evidence is not conclusive in the case of asepsis, yet I consider that it does give a clue that sufficiently bespeaks the worthiness of further detective work, and justifies continued effort to test the correctness of my experience.

"My investigation will not lag. If this report should attract your inquiring mind, I shall be glad.

"A reply to this letter, giving your experience with copper sulphate or any relevant suggestions would be highly appreciated.

"The internal administration of the drug has not been so satisfactory; yet I believe it has a therapeutic value as a nerve tonic."

AUTHOR'S NOTE: Since the report made to the State Medical Society I have discarded the painting of abdomens with Tr. Iodine. I now use no other antiseptic in the operating room but copper sulphate 1/250. I go into an abdomen with its use with impunity, and my results have been all that I could wish from an antiseptic standpoint.

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

NO MORE PHYSICIANS TO BE COMMISSIONED IN THE MEDICAL CORPS.

At 10:00 o'clock on the morning of November 11, the War Department discontinued the commissioning of physicians in the Medical Corps.

This condition, in all probability, is permanent and no further consideration will be given applicants for a commission in the Medical Corps until further notice.

Editorial Clippings.

A WAR DEPARTMENT LECTURE ON CANCER.

In an earlier issue of Campaign Notes mention was made of an address by Major William J. Mayo, of the Medical Corps, delivered in a series of lectures on health subjects arranged by the Surgeon-General for the benefit of the employees of the War Department at Washington. As reported by Frederiek J. Haskin, the full address given by Dr. Mayo is now available, as follows:

"In the United States today there are more than 300,000 persons afflicted with cancer, and about 85,000 of these will die during the year. The most tragic part of this condition is the fact that more than half of these deaths are preventable, and half of the remaining fatal cases might have been cured by an early operation. For, while science does not yet know the exact nature of cancer, it does know the conditions which lead to its development, and these conditions may in a large measure be controlled. The terrible mortality from cancer is therefore largely due to ignorance.

"Cancer is an abnormal growth of tissue within the body. Certain cells in the embryonic state fail to develop and perform their normal functions, and the multiplication of these useless cells form the tumor. What causes the cells to be checked in their normal development is not yet known, although there are several plausible theories. But the predisposing conditions which lead to this abnormal growth are known, and may be controlled.

"Thus cancer nearly always forms in some lesion upon the body, such as a wart, a mole, a bruised or infected spot. This lesion becomes irritated, and the growth of abnormal cells begins.

"The age of the individual plays an important part in susceptibility to cancer; for the common form of cancer is essentially a disease of later life, when some of the tissues have become weakened.

"In spite of popular opinion to the contrary, cancer is not a hereditary disease. Certain families may have tissues which develop cancer more readily than others; but this is only a small factor in the development of the disease. Since one out of every nine women and one out of every thirteen men dies of cancer, it is not surprising that often several cases should occur in the same family.

"Equally fallacious is the belief that cancer is contagious, in the sense that it can be carried from one person to another and there is no proof that it is contagious under any circumstances.

"Cancer is said by statisticians to be on the increase. Since the average human life has been lengthened about twenty years since 1860, the number of persons who are of the age most susceptible to cancer has been increased, and therefore the relative number of cases has grown. But there is no evidence that cancer is more prevalent now than ever before, in the sense that one is more apt to contract it. At the same time, the treatment of cancer is making cures constantly more frequent. The use of the X-ray in diagnosis was a great forward step. The so-called benign tumors are now often cured by a simple operation, while malignant growths are often successfully removed by more thorough operations.

"Certain occupations may lead to the contraction of cancer. Workers in aniline dyes absorb deleterious substances, which get into the urine and sometimes causes cancer of the bladder. Cobalt workers often have cancer of the lungs from the inhalation of irritating particles of cobalt, and workers in tar develop irritations at points where the tar comes into contact with the skin which may develop into cancer. Soot has an irritating effect on the skin, and the frequency of cancer of the groin among chimney sweeps is proof of this. Those who work in arsenic and its preparations sometimes absorb enough to overstimulate the skin, and cancer, especially of the hands and feet, may develop. Persons working with the x-ray often develop dermatitis of the hands, leading to cancer.

"There are several kinds of cancer, some of which attack the skin, mucous membranes

and excreting glands, while others attack the bones, muscles and connective tissues. It is believed that in all of them, some lesion—*i. e.* some point of irritation, is necessary before the cancer can form. It is probable that a majority of human beings are immune to cancer, that a lesser number possess a partial immunity, while a minority are without the protective agencies which render the lesions harmless. The condition of such persons is described as "precancerous."

"The lesions which may lead to cancer are classified as (1) congenital, (2) traumatic, (3) chronic irritative. The first class includes all sorts of moles, warts and benign tumors. The second includes injuries, such as bruises, wounds and burns.

"The third class includes all sorts of mechanical, chemical and infectious irritations, such as those caused by occupation, and is the greatest factor in the production of cancer. The potency of chronic irritation in producing cancer has been proved in many ways. For example, in India there are cattle which pull loads by means of ropes passed through holes bored through the base of the horn. Cancer at the base of the horn is very common among these cattle, and is seldom seen in others. A Copenhagen scientist found that rats in certain American sugar warehouses frequently had cancer of the stomach. He learned that these rats ate a kind of cockroach which was infected with a parasite that irritated the stomachs of the rats, and he was able to produce cancer in other rats by feeding them on these cockroaches.

"There is abundant evidence that external cancer in man is nearly always caused by some sort of an irritation, and scientists believe that internal cancer may often be due to the same cause.

"In parts of China where the head is shaved by the public barbers, the razors used are often dull and full of nicks, and the irritation of this scraping often causes cancer. Chinese men suffer from cancer of the pharynx and esophagus due to their habit of eating very hot rice, which is thrown into the mouth forcibly with chop sticks. Chinese women eat after their lords and masters, when the rice is cold, and they never have this kind of cancer. In India much cancer is caused by the chewing of betel nut. In some parts of the country women do not chew the nut, and are free of cancer of the mouth.

"Cancer of the mouth in civilized countries has been greatly reduced by good dentistry. Eighty-five per cent. of the cancers of the lip occur in smokers. Formerly clay pipes, which became very hot, were much used, and there has been a notable reduction in the number of cancers of the lip since the clay pipe has gone out of fashion. Smoking, however, is the cause of most cancer of the lip, the tongue, and the floor of the mouth.

"In Khurdistan, India, the natives wear baskets filled with hot coals across their abdomens to protect them from the cold, and more than fifty per cent. of all the cancer in that region forms in the abdomen and groin, while in other countries such cancers are very rare.

"Gall stones, which cause a chronic irritation, are found in 85 per cent. of all cases of cancer of the gall-bladder. Locomotive engineers and firemen frequently have cancer of the skin, due to exposure to the heat of the firebox. Cancer of the breast in women is believed to be largely due to the irritation of clothes, and especially of corsets. Among people who leave the breast uncovered, cancer of the breast is extremely rare.

"One-third of all the cancer in civilized men occurs in the stomach, although this is not true of animals or primitive people. It seems not improbable that the taking of very hot food and drink by civilized people may be the cause of this.

"One of the great difficulties in the treatment of cancer is the popular attitude towards it. Many persons believe that cancer is hereditary and carries a stigma with it. Hence many who have been operated upon and cured of cancer conceal the fact, and only those cases who die become known. This has resulted in an unjustified pessimism with regard to the possibility of curing the disease.

"The steps which the layman can take to protect himself from this disease are obvious from what has already been said. Causes of irritation should be avoided, and if the occupation makes this impossible, the possibility of cancer should be kept in mind, and the advice of a physician sought. Small tumors, moles, warts, abrasions and injuries which fail to heal should be closely watched and shown to the physician. Gall-stones and ulcers should be treated as soon as discovered. If these lesions are not neglected cancer may be prevented, and if taken in the early stages, it can often be cured. Ignorance and neglect constitute the greatest dangers."

IT IS A WISE PHYSICIAN WHO KNOWS HIS OWN DANGER.

Last week the deaths of 81 physicians were recorded in *The Journal*, occupying three pages. This week the deaths of 174 physicians are recorded, occupying five pages. The total number of deaths recorded in these two issues is 225, and of these 154 are definitely known to have been due to influenza or pneumonia; undoubtedly in the majority of cases in which the cause is not given, it was influenza. These obituaries are records of sacrifices to duty. A layman may, if he desires, keep from exposing himself to any infection; but the physician must go when called without thought of consequences to himself. However, as one considers the list one wonders whether or not some of these deaths might have been prevented by adopting some of the simple precautionary methods that have been suggested, such as the wearing of the face mask. This thought arose when we received a letter from a physician who, in sending in the names of two physicians who had died, said: "Dr. A. visited at the Great Lakes Naval Training Station an old patient who had influenza. Two days after his return home, Dr. A. came down with the disease. Dr. B. was called to see Dr. A. and examined his throat, Dr. A. coughing in his face. Two days later Dr. B. had the typical manifestations of the disease." It is proverbial that physicians, like preachers, give advice which they themselves do not consistently follow. It is a wise doctor who knows his own danger.—*Jour. A. M. A.*, Nov. 2, 1918.

Abstracts.

MALARIA.

J. C. Geiger, W. C. Purdy and Lou Ina Bates, Lonoke, Ark. (*Journal A. M. A.*, Oct. 19, 1918), report studies on malaria undertaken at Lonoke, in view of the selection of the site of an aviation field at that place. In this vicinity there are two square miles of rice fields, hence the necessity of a sanitary survey. The history of chills and fever for the previous summer gave a malaria incidence affording important data. The total incidence of malaria from history alone in the combined rural and town population in both the Louisiana and Arkansas districts is, curiously, the same, approximately 29 per cent. A slight endemic index (thick smears) taken

in January, April and May, gave a remarkably low percentage of results, as shown by a table in the article. The authors say: "When one considers the numbers of persons in the rice districts under our investigation giving a history of chills and fever for the previous summer and the small number proved positive on microscopic examination (thick smears) then one can assume that there are several factors to be considered." In an endemic index taken in the spring months, the number of carriers discovered will probably be small, and an endemic index varying so much at different seasons cannot be taken as indicative of true malarial conditions. Nevertheless, the discovery of a small number of carriers is evidently a potent factor in the malaria rate for the coming summer, hence the value of an endemic index is obviously limited to a human control method in this study. A history incidence index for a summer is not reliable if the microscopic index (thick smears) is to be taken as indicative of the true malarial conditions, though this may be influenced by the use of quinin for common colds in winter, and the constant use of chill tonics throughout the whole winter, as shown by druggist's sales in the Lonoke district. The large number of patients with malaria who are reported cured by attending physicians is incorrect, the diagnosis never being checked microscopically, or the case followed to its final end. Temperature and season evidently have an effect on the malaria carrier rate. The intermittence of the malaria carrier is illustrated by the different results in the January and May indexes on the same person, even when the plasmodia is not found on examination. Since the investigation started, there has been reported by physicians for Lonoke County, 642 cases of malaria with one death, which is probably indicative of true conditions. The mosquito observations were begun June 1, in the Gueydan district, Louisiana, in 1917, they were found breeding in public health quantities ten days after the irrigation of the rice fields. In June only *Anopheles crucians* and *A. punctipennis* were found, the former twice as abundant as the latter. From the latter part of June to July 19, *A. quadrimaculatus* had superseded all other species. When salt water entered the Louisiana canals only *A. crucians* was found. Ditching and oiling established practically a perfect control of mosquito breeding in the Lonoke district early in

March, and this has been maintained since in the extracontonment zone. *A. quadrimaculatus* has been the only species appearing in public health quantities, and the control of the human carrier, plus good screening, have made the malaria incidence negligible, and are indispensable measures for its control. The repeated "obvious flight distance" of *A. quadrimaculatus* of more than a mile and its persistent breeding in the rice fields emphasize this necessity. The observation that *Culex* superseded *Anopheles* in "dead" water from partial drainage or stoppage of pumps deserves to be followed up. The breeding of mosquitoes in crawfish holes suggests a simple solution of their sudden appearance after rains. The authors found that malaria in schoolchildren was about of the same frequency as in adults.

Personals and News Items.

Dr. T. F. Alford of Murfreesboro has been appointed health officer for Pike County.

Dr. Joseph S. Coffman has moved from Lavaea, Arkansas, to Sallisaw, Oklahoma.

Dr. W. A. Butt has moved from Omaha to Green Forest.

Physicians may rely on the quality of anything advertised in this Journal.

Dr. Wm. H. Gibbons has moved from Webb City to Ozark.

Dr. Olive Wilson of Paragould has moved to Little Rock and opened offices in the A. O. U. W. Building.

Dr. and Mrs. L. Kirby of Harrison, visited their son, Dr. H. H. Kirby, of Little Rock this month.

Dr. J. H. Weaver of Hope, has been appointed Councilor of the Sixth District to succeed Dr. Don Smith, who has been commissioned in the Medical Corps, U. S. Army.

Major W. A. Snodgrass of Little Rock, who returned on a short visit after three months' service in France as a field surgeon, addressed the Pulaski County Medical Society October 28.

Surgeon General Rupert Blue of Washington, United States Public Health Service, in completing the organization of a national body to assist in the campaign against venereal diseases in the United States, has ap-

pointed Dr. C. W. Garrison, State health officer, to have charge of Arkansas.

On account of the epidemic of influenza it has been necessary to postpone the Asheville meeting of the Southern Medical Association for a year. The various papers that were to have been read will be published during the year in the Southern Medical Journal. Next year the Association confidently expects to have the greatest meeting in its history.

One more Liberty Loan, at least, is certain. The Fourth Loan was popularly called the "Fighting Loan;" the next loan may be a fighting loan too, or it may be a peace loan. Whatever the conditions, the loan must be prepared for and its success rendered certain and absolute. Begin now your preparations to support it.

The owner of a Liberty Bond is the bond creditor of an honest debtor, and one who is amply able to meet its obligations—the United States of America. It is poor business to exchange such a bond for stock of any sort of a speculative nature. Hold your Liberty Bonds as a part of wisdom, as well as a part of patriotism.

Calereose is a creosote product. Clinicians have used it with good results in the treatment of all forms of bronchitis and especially the bronchitis accompanying pulmonary tuberculosis. It has been taken for long periods of time, in large doses, without causing gastric irritation or discomfort; no burning; no nausea. Calereose is also valuable in gastrointestinal infections. The booklet "Calereose Therapeutics," which contains all information as to indications, dosage and methods of administration, may be obtained by writing to the Maltbie Chemical Company, Newark, N. J.

PHYSICIANS' ROLL OF HONOR FOR ARKANSAS.

In addition to the names of Arkansas physicians recommended for commissions in the Medical Corps, published during the past year, the Surgeon-General reports:

Rube Crow Kennerly, Artisan, First Lieut.
Edward Rush King, Ben Lomond, First Lieut.
William Martin Garner, Bodeaw, First Lieut.
Robert Newton Manley, Clarksville, First Lieut.
Lawrence Lloyd Purifoy, Eldorado, Captain.
Otey Miller, Fayetteville, Captain.
Frederick Eugene Harrison, Fordyce, Captain.
Theodore Elmer Jeffery, Fort Smith, First Lieut.
Percy Alexander Riddler, Fort Smith, First Lieut.
Virgil Vaudalaur Butler, Hartford, First Lieut.

Ernest Alexander Purdum, Hot Springs, First Lt.
Albert Henry Tribble, Hot Springs, Captain.
Fred Youngblood, Huntsville, First Lieut.
Thad Cothorn, Jonesboro, Captain.
Robert Herman Willett, Jonesboro, First Lieut.
Charles Raphael Chesnutt, Little Rock, First Lieut.
Jesse Clyde Graves, Lockesburg, First Lieut.
Gaylord Floyd McLeod, Magnolia, First Lieut.
James Newton Cliatt, Mellwood, Captain.
Oscar Eve Jones, Newport, Captain.
Elbert Lyeurgus Watson, Newport, Captain.
Edward Walker Blackburn, Ozark, First Lieut.
Benjamin Dane Luck, Pine Bluff, First Lieut.
Neal Horton, Plumerville, First Lieut.
Will Hugh Mock, Prairie Grove, First Lieut.
Samuel Smart Williams, Ravana, First Lieut.
Robert Oscar Smith, Rayno, First Lieut.
William Alexander Moore, Rogers, Captain.
Cadmus Marvin Brooks, Roland, First Lieut.
Arthur Gilbert Harrison, Searcy, First Lieut.
John Richard Dale, Jr., Texarkana, First Lieut.
Wiley Sim Embrey, Texarkana, First Lieut.
Robert Blair Corney, Tucker, First Lieut.
William Harris Owens, Turrell, First Lieut.
Emmett Beil Butler, Wilmar, First Lieut.
Sidney Harris, Wilmar, First Lieut.
Albert Morton Elton, Yellville, Captain.

CIVILIAN PHYSICIANS RESPOND TO THE CALL FROM U. S. PUBLIC HEALTH.

How the civilian physicians of the country have been readily responding to the call of the United States Public Health Service for medical aid in the districts most affected by the epidemic of influenza, is reflected in two letters, written a week apart, to the President of the Central Governing Board of the Volunteer Medical Service Corps of the Council of National Defense. Surgeon General Rupert Blue of the United States Public Health Service requested the co-operation of the Volunteer Medical Service Corps in the following letter:

"September 27, 1918.

"The President, Central Governing Board, Volunteer Medical Service Corps, Council of National Defense, Washington, D. C.

"SIR: In view of the present epidemic of influenza which, if it spreads at the same rate as heretofore, will practically cripple the industries of the country, I have the honor to request that steps be taken to mobilize fifty units of the Volunteer Medical Service Corps each consisting of ten physicians, for emergency service in connection with the prevention of, and relief from, this disease. Such units upon mobilization will be directed to report to officers of the Public Health Service placed in charge of this work.

"For the present, the salaries and traveling expenses of these physicians will be borne

by the American Red Cross. The salary in each case will be \$200.00 per month in addition to the reimbursement of their traveling expenses, and maintenance.

"Anything that your Board may do in this present emergency to mobilize and place at the disposal of the Public Health Service and the American Red Cross such medical units will be deeply appreciated and will serve to demonstrate the value of the recently created Volunteer Medical Service Corps.

Respectfully,

(Signed)

"RUPERT BLUE,
"Surgeon General."

The names of the 500 doctors asked for were furnished within 72 hours. Three days after the first call, another request for 500 doctors was received from the Public Health Service, and on October 1 the names of 1,135 physicians had been furnished, from whom more than the necessary number were obtained. . On every day since, additional names of volunteers have been coming in, and they have been sent to Surgeon General Blue for his reserve list.

The officers of the Public Health Service expressed gratification at the prompt response from the Washington headquarters of the Volunteer Medical Service Corps, and also for the replies which were being received from doctors in many parts of the country, and on October 4 Surgeon General Blue sent the following letter of appreciation:

"October 4, 1918.

*"The President, Central Governing Board,
Volunteer Medical Service Corps, Wash-
ington, D. C."*

"SIR: I take pleasure in informing you that the officer in charge of the measures for combating the present epidemic of influenza in New England has stated by telegram that the number of doctors who have already reported for duty are sufficient to meet the needs of the situation in those States.

"As you know, these doctors were obtained through the co-operation of your office, and it is most gratifying to certify in this way to the prompt response given by your office to our requests for medical assistance. This is an instance which serves to demonstrate the value of the organization of the Volunteer

Medical Medical Service Corps in a National emergency like the present.

"Respectfully,

(Signed)

"RUPERT BLUE,
"Surgeon General."

Surgeon General Blue also wired on that day to all State Health Officers as follows:

"Public Health Service will mobilize with aid Volunteer Medical Service Corps all outside medical aid required in combating present influenza epidemic. Red Cross, upon specific request from this service, will mobilize nursing personnel and furnish necessary emergency hospital supplies which cannot be obtained otherwise. Inform all city and county health officers your State that all appeals for aid must be made to State health department, which will make request for Surgeon General, Public Health Service, whenever local needs require. Whenever necessary, Public Health Service will establish district officials and distribute medical and nursing personnel."

Officials at the headquarters of the Volunteer Medical Service Corps are gratified that the organization was able to meet the emergency in this way, fulfilling the purpose for which it was created; namely, to place on record and classify information as to civilian physicians, so that a request for aid voiced by a Government department could readily be supplied.

THE MEDICAL ASSOCIATION OF THE SOUTHWEST HOLDS ANNUAL CON- VENTION IN DALLAS, TEX.

The annual meeting of the Medical Association of the Southwest was held in Dallas, Texas, October 15-17 inclusive.

At the opening ceremonies, Dr. H. H. Smith of Dallas, chairman of the Committee on Arrangements, called the meeting to order and introduced the various speakers.

Patriotic singing, led by Rev. Wm. M. Anderson, opened the exercises, which was followed by prayer.

Addresses of welcome were made by Dr. Minnie L. Maffett, Vice President of the Dallas County Medical Society (Dr. J. T. Watson, President, being absent in the Army), in behalf of that society; Mayor Joe E. Lawther welcomed the visitors to the convention on behalf of the City of Dallas, lauding the doctors for their special services at this time;

Dr. H. Leslie Moore welcomed the convention in behalf of the largest District Medical Society on the face of the earth, the North Texas District Medical Association.

The general plan of clinics for the meeting was dispensed with, on account of influenza calls keeping all the local physicians busy, but Major John O. McReynolds, M. C., U. S. A., invited all present at the morning session to visit the special laboratories arranged for the aviation in the city, at St. Paul's Sanitarium, where most special care was given the examination of applicants or entrants to this branch of the service. Clinics were conducted there every afternoon.

Some of the special features of the program was the address of Judge Quentin D. Corley, official representative of the American Red Cross, on Vocational Rehabilitation. Judge Corley illustrated his lecture and gave a very practical demonstration of how successfully this work may be carried on by means of his own specially prepared apparatus. (Judge Corley has happened to the misfortune of losing his left forearm and the entire right arm, with part of that shoulder blade.) By means of the mechanical attachments which he uses, he can do practically what any other person can do—such as dressing and feeding himself, driving his own auto, taking care of his garden, attending to his office duties writing a clear, legible hand, etc. Judge Corley has tendered the use of his patented devices to the Government in its scheme of rehabilitation for crippled soldiers.

Lieutenant Colonel Marry E. Mock, M. C., U. S. A., while unable personally to attend the convention, sent in a most interesting paper on "Reconstruction Work in U. S. Hospitals," which was illustrated with moving pictures showing the work being carried out at the Walter Reed Hospital in Washington, D. C.

Mr. Thomas J. Taylor, U. S. Revenue Agent from San Antonio, spoke upon the subject of his experiences with the enforcement of the Federal Anti-Narcotic law and its present gross violation by unscrupulous physicians, druggists, etc., throughout this section. He begged the co-operation of ethical physicians in helping him see to it that this wise law was better observed.

Food Administrator Harry E. Bernard, for the State of Indiana, ex-president of that State Board of Health, spoke most eloquently

on "A Word Concerning the Problems Confronting the U. S. Food Administration."

"A Method of Controlling Preventable Diseases in Rural Districts," was ably discussed by Dr. A. Caswell Ellis, of the University of Texas at Austin. He gave a recital of the work done in connection with certain health surveys made in different counties, where the expense was jointly borne by the Extension Department of the Texas State University, the International Health Commission (Roeefeller Fund), and the various counties in which the work was carried on.

The last day's meeting was devoted to a symposium or round table discussion of Spanish influenza and its complications. This was supposed to have been opened by Health Commissioner John W. Duke, of the State of Oklahoma, but a wire from him announced the fact the epidemic in the territory under his individual jurisdiction forbade his leaving to attend the meeting. He promised his paper, however.

Major J. O. McReynolds of Dallas presented this subject for discussion, relating his personal experience with it at Camp Dick and a lively discussion followed, participated in by Dr. Wm. A. Davis, Secretary of the Texas State Board of Health and most of the other physicians present. Among the points of special interest brought out, were first, that both the very old and the very young, appear to resist the disease better than do those of early adult life. Dr. J. C. Boggins, physician in charge of the Confederate Home at Austin, reported that though the youngest inmate of that institution was 71 years of age, only two cases had as yet made their appearance there and they were soon recovered. It was further brought out that while a number of children were taken sick with influenza, yet complications were not frequent and even when they appeared, not usually fatal. The appearance of three types of the disease, that marked by extreme nervous symptoms, that of the gastro-intestinal type, and another the broncho-pneumonia type, was noted. The method of transmission was judged to be atmospheric, rather than by contact and for that reason it was considered a strictly quarantinable disease.

On Wednesday morning, October 16, a lecture with lantern slides, by Dr. C. A. R. Campbell of San Antonio, Texas, was given on "The Eradication of Malaria by the Cultivation of Bats—the Mosquitoes' Natural En-

emies." This was a recital of Dr. Campbell's 16 years of study and experimental work along this line, and it seems that he has clearly proven the success of his methods, as evidenced by the municipal bat roosts now maintained by the City of San Antonio. While the initial cost for building these is considerable, yet they soon get to be self-sustaining, as the sale of the bat guano will bring in something like \$200 annually from each roost.

Dr. Campbell offers to the scientific world a wonderful advance along constructive lines, looking to the prevention of malarial fever and the prompt and effectual destruction of the recognized conveyors of this disease and his work is in time destined to receive the commendation and praise of health officials all over the country.

The concluding feature of the three-days' session was the 4-reel Government war film, "Fit to Fight," sent to Dallas under the direction of the Medical Section of the Council of National Defense. This is the best educational work looking to the prevention of venereal diseases that we have ever seen, and should be shown at all our military camps and as soon as time will permit, to all the growing youths of our land.

All papers appearing on the program, whose authors were not able to attend the convention, were read by title and voted to be published in the regular proceedings.

The meetings while small in point of attendance, were yet rich in scientific value.

Oklahoma City, Okla., was selected as the convention city for 1919.

The following citizens were elected to serve during the coming year:

President—Dr. H. H. Smith, Dallas, Tex.

Vice Presidents—Dr. L. von Treba, Cheyenne, Wyo.; Dr. O. B. Ball, Warrensburg, Mo.; Dr. F. W. Jelks, Hot Springs, Ark.; Dr. F. K. Camp, Oklahoma City, Okla.

Secretary-Treasurer—Dr. F. H. Clark, El Reno, Okla.

Chairman Committee on Arrangements—Dr. Everett S. Lain, Oklahoma City, Okla.

Obituary.

DR. DOLPHUS L. STEVENS.—Dr. Dolphus L. Stevens of Foreman, died October 24, 1918. Age 35.

DR. GEORGE D. WARREN.—Dr. George D. Warren of Ozark, died October 22, 1918. Age 34.

DR. TRUE S. BURGESS.—Dr. True S. Burgess of Russellville, died October 22, 1918. Age 31.

DR. JOHN S. WOOD.—Dr. John S. Wood of Hot Springs, died October 27, 1918. Age 35.

DR. JESSE D. HODGES.—Dr. Jesse D. Hodges of Little Rock, died October 15, 1918. Age 35.

DR. CLARK WOOD.—Dr. Clark Wood of Fort Smith, died October 21, 1918. Age 41.

DR. WILLIAM N. YATES.—Dr. William N. Yates of Fayetteville, died November 17, 1918. Age 67.

Book Reviews.

DISEASES OF THE MALE URETHRA. By Irvin S. Koll, M. D., Professor of Genito-Urinary Diseases, Post-Graduate Medical School and Hospital, Chicago. Octavo of 151 pages, with 123 illustrations, several colors. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth \$3.00.

This book fills the need of a comprehensive monograph on diseases of the male urethra, including sexual impotence and sterility. The descriptions given are clear and concise. It is well illustrated.

1917 COLLECTED PAPERS OF THE MAYO CLINICS, Rochester, Minn. Octavo of 866 pages, 331 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth \$6.50 net.

This volume presents the ninth edition of very valuable articles collected at the Mayo

Clinics. Edited by Mrs. M. H. Mellish. An article is given by Dr. Gradham on "Peptic Abdominal Diagnosis" in which he emphasizes the points that may aid in a clinical differentiation of gastric and duodenal ulcer.

CLINICAL DIAGNOSIS. A Manual of Laboratory Methods. By James Campbell Todd, M. D., Professor of Pathology, University of Colorado. Fourth edition revised and reset. 12mo of 687 pages with 232 text-illustrations and 12 colored plates. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth \$3.00 net.

The scope of this edition has been somewhat extended and consequently the size increased over former editions. Complete laboratory methods are given, and brief guides to interpretation of results.

THE SURGICAL CLINICS OF CHICAGO. June, 1918. Volume II, Number 3. 253 pages with 63 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year, paper \$10.00; cloth \$14.00.

This number consists of fifteen clinical lectures from leading surgeons of Chicago. Dr. Albert J. Ochsner presents a case of "Renal Calculus and Gall Stones"; removal through right lumbar incision. He gives the dietetic treatment of renal calculus.

THE TREATMENT OF WAR WOUNDS. By W. W. Keen, M. D., LL.D., Emeritus Professor of Surgery, Jefferson Medical College, Philadelphia. Second edition, reset. 12mo, 276 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth \$2.00 net.

This edition has been largely re-written due to the rapid progress made in the treatment of war wounds through clinical observation and active research work at the front. Much space is given to the Carrel-Dakin method, tetanus and fractures.

A LABORATORY MANUAL OF QUALITATIVE CHEMICAL ANALYSIS. By A. R. Bliss, Jr., M. D., Ph.G., Professor of Pharmacology, School of Medicine, Emory University, Atlanta, Ga.; formerly professor of Chemistry and Pharmacology, Graduate School of Medicine, University of Alabama. Second edition, revised and reset. 194 pages, with working tables. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth \$2.25.

This book has the recommendation of the National Association of Dental Faculties and has been adopted as the required text for laboratory instruction in Qualitative Analysis in numerous colleges.

PROGRESSIVE MEDICINE. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by H. A. Hare, M. D., assisted by L. F. Appleman, M. D., Vol. XXI, No. 2.

June, 1918. Published by Lea & Febiger, Philadelphia. Price \$6.00 per annum.

In this volume Dr. William B. Coley writes on "Hernia in Relation to the War," "Trauma as a Factor in Hernia," "Hernia from a Medicolegal Standpoint," and "Diaphragmatic Hernia." Other interesting articles are by Dr. A. O. Wilensky, Dr. J. G. Clark, Dr. O. H. Perry Pepper, and Dr. Edward Jackson.

THE HOSPITAL AS A SOCIAL AGENT IN THE COMMUNITY. By Lucy C. Catlin, R. N., Director of Social Service Work and Executive Director of the Out-Patient Department of Youngstown Hospital, Ohio. 12mo of 113 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth \$1.25 net.

This book will particularly interest those doing social work, especially those engaged in hospital social work. Case histories have been selected to illustrate different points in the text. The thought throughout this book is to show how the hospital may be made an important social agent in the community, and presents a practical working basis.

INTERNATIONAL CLINICS. A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M. D., Philadelphia. Vol. II, Twenty-eighth series, 1918. Published by J. B. Lippincott Company, Philadelphia.

This volume consists of seven "Clinics," two articles on "Medicine," one on "Public Health," three on "Obstetrics and Gynecology," one on "Ophthalmology," four on "Surgery" and one on "History." In the section on Medicine Dr. Charles L. Minor of Asheville, N. C., furnishes an article on "The Psychological Handling of Tuberculosis Patients."

AUTOINTOXICATION, OR INTESTINAL TOXEMIA. By J. H. Kellogg, M. D., LL.D., F. A. C. S. Medical Director of the Battle Creek Sanitarium. Published by the Modern Medicine Publishing Company, Battle Creek, Michigan, 1918. Price \$2.50.

This book presents methods used at the Battle Creek Sanitarium in combating the most universal of all maladies—autointoxication. The method upon which the author chiefly relies for changing the intestinal flora are the "milk regimen," a modification of the well known milk diet, and a special "fruit regimen," which are employed both separately and in combination.

The technic and methods of overcoming special difficulties are fully explained.

LOCAL AND REGIONAL ANESTHESIA, including Analgesia. By Carroll W. Allen, M. D., of Tulane University, New Orleans. Second edition, reset. Octavo of 674 pages with 260 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth \$6.50 net.

The author of this book includes chapters on spinal, epidural, paravertebral and parasacral analgesia, and on other applications of local and regional anesthesia to the surgery of the eye, ear, nose and throat, and to dental practice.

Dr. Allen regards the removal of the prostate as his best accomplishment in local anesthesia. This is largely on account of the great reduction of mortality and the ease with which it is done by these methods.

THE MEDICAL CLINICS OF NORTH AMERICA. Volume I, Number 6 (The Southern Number, May, 1918). Octavo of 224 pages, 35 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year: paper \$10.00; cloth \$14.00.

In this number thirteen articles are furnished by some of the leading clinicians of the South. From our own State we find an interesting and instructive article by Dr. William H. Deadrick of Hot Springs, on "The Treatment of Malaria."

The action of quinine upon the malaria parasites according to Dr. Deaderick is that of a protoplasmic poison, and is most powerful against the spores before they have assumed the protection of red blood cells. He says: "The average dose is one grain an hour, given usually two grains every two hours, three grains every three hours, or four grains every four hours, day and night. It is especially important that the drug be given during the night, since thus only may the blood be charged during the day when sporulation occurs. Cinchonism is no guide to the quantity to be given; it is not the patient toward which the quinin is directed, but the parasite.

"The specific should not be discontinued as soon as the temperature is normal, but should be kept up for at least two days longer in the quantity employed during the fever. Thereafter about 15 grains on two successive days of each week should be given for at least two or three months to prevent relapse, even though the patient leave the malarial locality. A few days' treatment with quinin no more cures malaria than does a few weeks' rubbing with mercury cure syphilis.

"As to the hygienic treatment this varies in no way from that of other acute fevers.

It is customary to begin the treatment with a purge. Calomel is the drug most easily administered and retained. The dose need not exceed five or six grains and the quinin should not be delayed for the action of the purgative. During the cold stage, blankets, hot drinks, and the external application to the head, tepid sponging, and cold rectal injections may be used. The coal-tar antipyretics are not often indicated. Cold drinks may be given.

"For the headache, cold applications, cocaine and acetanilid, or chloral and bromid of soda are useful, and if the pain demands it, morphin need not be withheld. If nervousness is marked the monobromated camphor should be administered with the quinin in capsules, or the bromid of soda, in solution, with each dose of the specific. For vomiting, if intense and not relieved by the application of a mustard plaster to the epigastrium, morphin should be employed subcutaneously.

"After successfully meeting the active symptoms of quinin, administered as above outlined, the prevention of a relapse is to be accomplished by giving fifteen grains of quinin every sixth and seventh days for a period of not less than two or three months. The administration of a valuable salt of quinin in this manner has rarely failed, in my experience, to cure the most obstinate case of chronic malaria. The quinin is usually given in 3-grain doses every three hours until five are taken."



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She is president of the Polish Reconstruction Committee and lived in Poland when that country was invaded by the Germans. Her home was seized by Gen. Von Hindenburg for his headquarters. The countess is the founder of the committee whose object it is to further the plan which provides for the recruiting and training of a group of young Polish-American women called Polish Grey Samaritans and which is being supported by the Young Women's Christian Association.

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No. 7

Original Articles.

INCIDENCE OF CASES OF TETANUS IN ARKANSAS

By Counties Since May, 1917, to November
22, 1917, and Their Relation to
Vaccination.

BY J. C. GEIGER,

Assistant Epidemiologist, United States Public Health Service.

In accordance with instructions received from Dr. C. C. Pierce, Senior Surgeon, United States Public Health Service, the following summary and table of incidence of cases of tetanus that have recently occurred in Arkansas has been compiled. This was made obviously necessary by certain newspaper comments from Memphis, Tenn., which was given wide publication in Arkansas, along with the occurrence in Little Rock, Pulaski County, Arkansas, of three cases of tetanus following vaccination and the various rumors arising accordingly.

The State Board of Health, through its secretary, Dr. C. W. Garrison, after making proper investigation, refused to consider modifying their compulsory vaccination order, notwithstanding the persistent urging to do so on the part of a few local and county health officers. The courage of the State Board of Health in enforcing compulsory vaccination, in the face of the alleged danger of tetanus, is more than commendable. There is no doubt that tetanus is a complication of vaccination, as in any wound, but to an extraordinarily small extent. Although this is only a matter of statistics, the experiments of Francis¹, in which smallpox vaccine purposely contaminated with tetanus spores, did not produce tetanus in monkeys, even though "typical takes" occurred, is sufficient proof that these statistics are more than probably correct.

SUMMARY.

In the following table thirteen cases of tetanus are recorded within a certain period, ten of which were vaccinated. In addition, there was reported from White County, one death from septicemia following vaccination. Tetanus in animals was reported in White and Ashley counties. It is of extraordinary interest to report that in three vaccinated cases that came under my observation, but not recorded in our table, certain symptoms, such as temperature, torticollis and stiff jaws occurred. In one case anti-tetanus serum was administered. The symptoms lasted from two to three days with complete recovery. Five cases in the table have no history of injury, thereby giving a percentage of sixty-one in those which definite injuries occurred. Ten cases died, three recovered, with one of the recovered cases having been treated with anti-tetanic serum with supposedly good results. Of the five showing no injuries the average incubation period was twenty-four days. It is interesting to note that a like incubation period was noted in the cases that recovered and in cases taken as a whole. The percentage mortality was seventy-seven. This seems to point to the fact that the infective principle was not in the vaccine virus but was probably received ten days or more after vaccination. Anderson² has shown that a prolonged incubation period, as demonstrated by the five cases that did not have an injury, none of which recovered, the mortality should be considerably less. The shorter the incubation period the higher the mortality and vice-versa. On the other hand, should we argue accordingly then in the three cases that recovered, the incubation period being prolonged, it could be possible that they received their infection at the time of the vaccination. Nevertheless they could be considered as the small percentage of cases that usually recover

TABLE OF INCIDENCE OF CASES OF TETANUS

By Counties in Arkansas since May, 1917, to November 22, 1917, and their relation to vaccination.

County	Name	Age	Sex	Color	Date Vaccination	Date Symptoms of Tetanus Developed	Injury, if Any, Type and Date of Occurrence.	Outcome of Case	Virus used Type and Serial No.	REMARKS
Logan	S.	32	Male	White	None	May 11	Gunshot.	Died	None	None.
Hempstead	S. J.	23	Female	White	None	July 16	Needle wound in foot, July 6.	Died	None	Ten days after injury symptoms developed.
Clay	O. B.	26	Male	White	None	Sept. 12	Crushing injury to foot, September 22.	Died	None	Ten days after injury symptoms developed.
Prairie	M. F.	9	Male	White	Aug. 25	Sept. 20	Sores on ankles and legs, result riding horseback; puncture in heel.	Recovery	A. No Number obtainable.	126,000 units antitoxin used in treatment, wound regarded source infection.
Lonoke	T. B.	12	Male	White	Sept. 6	Sept. 26	Sores on ankle and leg, no shoes worn.	Died	B. No Number obtainable.	Sores regarded as source of infection.
Conway	S. C.	24	Female	White	Sept. 6	Sept. 28	Cut foot on rusty iron, September 14.	Died	B. No Number obtainable.	Symptoms developed two weeks after injury.
Clay	M. T.	10	Female	White	Sept. 1	Sept. 30	Splinter driven through toe, September 16.	Died	C. No Number obtainable.	Symptoms developed two weeks after injury.
Montroe	F. B.	10	Male	White	Sept. 11	Oct. 1	None.	Died	B. No Number obtainable.	Vaccine inspected by physician.
Arkansas	J. F.	9	Male	White	Sept 10	Oct. 4	Sores on ankle and leg, no shoes worn.	Recovery	D. No Number obtainable.	Sores regarded as source of infection.
Pulaski	W. G.	10	Male	White	Oct. 3	Oct. 18	None.	Died	D. No Number obtainable.	Vacc. wound healing rapidly at time of death; anti-tetanus serum used.
Pulaski	K. B.	8	Female	White	Sept 22	Oct. 26	None.	Died	D. No Number obtainable.	Original dressing removed by parents; old rags used.
Baxter	J. J.	10	Male	White	Oct. 4	Oct. 26	None.	Recovery	B. No Number obtainable.	Original dressing removed, patient played in barn where horses were kept.
Pulaski	M. S.	12	Female	White	Sept. 30	Oct. 28	None.	Died	B. No Number obtainable.	None

Cases given in order by date that symptoms of Tetanus developed.

from tetanus. The vaccine virus coming from four different manufacturers adds emphasis to the point that the vaccine was not infected at the time of vaccination. Again, when we consider that since the compulsory vaccination order of the Arkansas State Board of Health has gone into effect, over one hundred thousand persons have been vaccinated with only such untoward results as have been demonstrated in the table and that the virus having been obtained from various laboratories, then it is obvious that post-vaccinal tetanus due to direct infection of the vaccine virus at the time of manufacture does not occur.

COMMENT.

The similarity of the incubation period—twenty-four days—in the cases showing no injury, in the recovered cases and the cases taken as a whole, is probably of no significance but is a remarkable coincidence. The three cases with symptoms such as temperature, torticollis and stiff jaws are worthy of careful consideration. That they are tetanus of an abortive type cannot be definitely stated.

REFERENCE.

¹ Edward Francis, Laboratory Studies on Tetanus, Hygienic Laboratory Bull. No. 95, Aug., 1914, U. S. Public Health Service.

² J. F. Anderson, Reprint No. 289, July 16, 1915, U. S. Public Health Service.

ARTIFICIAL PNEUMOTHORAX IN THE TREATMENT OF PULMONARY TUBERCULOSIS.*

C. C. English, M. D.,
Booneville.

Arkansas Tuberculosis Sanatorium.

In dealing with a disease such as pulmonary tuberculosis one is impressed with the large number of remedies and the various methods of treatment that have been advocated and followed by the medical fraternity. This present multitude of remedies is the best evidence that no specific is as yet available for the cure of this disease. While it is a demonstrated and recognized fact that the sanatorium treatment of tuberculosis has been attended with satisfactory results when instituted in the early stages of the disease; yet

to the advanced case it offers very little hope of improvement or recovery. To this latter class of sufferers artificial pneumothorax may prove to be a boon in restoring some to health or in making their condition more bearable.

It is to Forlanini and Murphy that we are indebted for this method of treatment. As early as 1894 Forlanini reported a group of cases that had been successfully treated by artificial pneumothorax. However, this aid to the treatment of pulmonary tuberculosis did not come into general use until the past few years.

I have been using artificial pneumothorax as an aid in the routine sanatorium treatment of pulmonary tuberculosis for the past four years. During this time I have used it in about one hundred cases. Since the greater part of my practice has been in sanatorium work, I have had a rather extensive field for the selection of case as well as an opportunity to observe closely the patients receiving this treatment.

Generally speaking I have not selected cases that offered a reasonable hope for improvement by the ordinary methods of treatment; but rather confined the selection to that class of patients with an unfavorable prognosis, choosing those whom I had learned from experience had very little chance for recovery.

I am rather inclined to the belief that it is within this class that artificial pneumothorax has its greatest field of usefulness. While I believe it is capable of accomplishing good in the early and localized lesions, yet, I do not believe we are justified in submitting the patient to a procedure that must of necessity be oft repeated and at the risk each time of pleural exudates and infections, when the ordinary methods of treatment offer a good opportunity of recovery.

We must also concede to artificial pneumothorax an unquestioned value in the treatment of obstinate unilateral pulmonary hemorrhages.

In considering this treatment it would be well first to consider the normal physiological condition under which the lungs labor. They are continually moving—expanding and contracting to conform with varying degrees of negative pressure within the pleural sac. This negative pressure varies usually from 10 to 25 centimeters as measured by the water manometer. The greater negative pressure being at the height of inspiration and the

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

less at the end of expiration. The normal lung readily contracts or expands to meet these varying physical conditions that are brought about by the change of the form of the chest by the muscles of respiration.

We readily see that when a lung or a part of a lung is infiltrated with tuberculosis that its tissues are subject to constant movement. As healing must take place by cell proliferation and formation of fibrous tissue it can readily be understood that this process must be hindered and delayed by the constant movement of the parts. Hence nature tries to immobilize the lung by solidification of the tissues, by adhesions and fixation of the chest wall accompanied by more or less degeneration of the muscles on the affected side.

We can look upon the artificial pneumothorax treatment of tuberculosis as a means of assisting nature to immobilize the diseased lung. We accomplish this by introducing a gas into the pleural sac until the negative pressure is destroyed, thus permitting the elastic lung tissue to contract and remain immovable. This is accomplished by the equalization of the intrapleural pressure with that of the atmospheric pressure. After equalization is obtained, if more gas is injected, so that the pressure is made positive, the lung will be compressed as if it were in a pneumatic splint.

In selecting cases for this treatment we recognize that the ideal case is the patient with the infection confined to one lung. Yet we who have made a study of this disease know how seldom it is that we find cases of advanced or even moderately advanced tuberculosis with the unilateral infection. There is generally a degree of infiltration of the other lung. If we hold to the rule of using artificial pneumothorax only in unilateral infection we will, I believe, unnecessarily limit the usefulness of this treatment. In deciding whether a patient is a suitable subject for this treatment it is a better plan to take into consideration the sum total of unimpaired lung tissue, also the nature, extent and activity of the infection within the least infected lung.

It is often possible to collapse a badly infected lung and at the same time get improvement in lesions in the uncollapsed lung. It necessarily follows in such cases that great care and watchfulness must be exercised. The patient should be kept at rest in order to avoid increasing the amount of work that is left for the uncollapsed lung to perform. Should

the lesion in the uncollapsed lung take on fresh activity or other lesions develop, it would be necessary to discontinue the treatments.

The technique of the operation inducing pneumothorax is simple. Two methods have been used, one as advocated by Brauer and the other known as the Forlanini-Murphy Method. The Brauer method consists in dissecting down to the intercostal pleura and then puncturing the pleura with a cannula and permitting the gas to flow into the pleural cavity. The advantage claimed for this method was the absence of danger from injecting gas into the lung tissue causing gas embolism. It has few advocates. The method generally used is the one developed by Forlanini and Murphy. Under local anesthetic it is a very simple operation. It is bloodless and without pain. It is simply the puncture of the chest wall with a blunt pointed hollow needle which is connected to a gas reservoir and also to a water manometer.

In selecting the point on the chest for injection I prefer the region of the ninth intercostal space posterior to the axillary line. However, the lesion and adhesions may be a factor in determining the place of puncture. Preceding the puncture I give intercostally a local anesthetic using a hypodermic needle sufficiently long to reach through the parietal pleura, injecting about 2 c. c. of 2 per cent solution of Apophesine. If this has been carefully done the puncture may be made immediately with a blunt pointed needle and without pain. I at first used a needle with a sharp point, thinking it would be less painful; but as the lung was wounded on several occasions and treatments were often followed by hemothorax, I discarded this needle for a blunt one having a small opening on the side as well as at the end.

It is very important that the operation be accomplished without injuring the lung pleura. The only alarming symptom I have had develop in patients under treatment has been attributable to such injury. This may be avoided by using a blunt needle and by carefully watching the manometer so as not to insert the needle further than necessary and by having the patient avoid paroxysms of coughing.

The entire safety of injecting the gas depends upon the certainty of having the needle point in the pleural sac before permitting the gas to flow through the needle. One must

depend upon the manometer reading for guidance in this matter. If the manometer does not give a reading indicating by its negative vibration of the water column that the communication is free into the pleural cavity, no gas should be permitted to flow through the needle. One soon becomes accustomed to the "feel" of the needle passing through the parietal pleura and will learn to expect the manometric reading as soon as this occurs. If it does not occur the probabilities are that the needle has passed into an adhesion and may be in the lung tissue. In such a case a puncture should be tried at a different location.

In some patients the adhesions are so general that it is impossible to get a manometer reading. In such collapse of the lung is impossible. In others we may get the reading and yet, owing to adhesions, are not able to collapse the lung, the attempt to do so producing unbearable pain.

It was an early practice by some operators to use oxygen gas for the first inflation, employing nitrogen gas at subsequent operations. For about two years I used nitrogen gas in my work; but for some time past have used washed air, and cannot see that nitrogen has any advantages over ordinary air. It was formerly supposed that nitrogen gas was not so quickly absorbed as air, but this has been disproved. I have always warmed the gas by passing it through warm water in the process of washing and by using warm water to displace the gas while injecting it into the pleural sac. I believe by careful attention to this point we will often avoid some of the symptoms of pleuritic shock and nervousness that may be brought about by the injecting of cold gas. Furthermore, by injecting gas at body temperature we also avoid increasing the pressure on the collapsed lung above that indicated by the manometer.

The amount of gas given and the frequency of treatment must be determined for each patient by the operator. It is a general practice to give the treatment every three or four days until collapse is obtained. This is usually accomplished with five or six inflations. When for some reason it is not desirable to give the treatment so often, it is possible to accomplish the collapse with treatments at less frequent intervals. This may be especially desirable for nervous persons who have a morbid fear of the operation.

I usually give about three or four hundred cubic centimeters at the first treatment, and, if no bad results are apparent, increase the amount at successive treatments by two to four hundred cubic centimeters until the desired manometer readings are attained. At successive refills I give enough gas to keep the pressure at neutral or slightly above. In the cases I am now treating I attempt only to destroy the negative pressure within the pleural sac, avoiding high positive pressure at the end of the injection. I attempt to have the manometer indicate neutral on inspiration and positive on expiration. While I realize that these readings will not long be maintained, yet they will be relatively better maintained than the higher positive readings, and I believe the symptomatic improvement in the patient's condition is as good if not better. As a general rule the longer the treatments are continued the less often it is necessary to give the gas in order to maintain collapse of the lung.

There can be no time set for the duration of treatment. Most workers believe that it is best to keep the lung collapsed for a year and a half to two years and in some cases collapse may be necessary for an indefinite time. I am of the opinion that permanent good may be accomplished in quite a number of cases under treatment from six to nine months and when supplemented by the sanatorium treatment may be the means of holding the disease in check until the patient's strength and resistance is so increased as to enable him to overcome the infection.

In all serious cases of recurring pulmonary hemorrhages when the ordinary methods have failed to control the bleeding, we should attempt to collapse the lung. I recall the first case of pulmonary hemorrhage in which I employed collapse of the lung. It was that of a young man who had had recurring hemorrhages over a period of several days. His condition became critical in spite of all the treatment that was given. He became so exsanguinated that it was necessary to raise the foot of the bed. As a last resort I collapsed the bleeding lung with the result that the bleeding ceased and the patient finally recovered from the effects of the hemorrhage. I have used the treatment since in a number of hemorrhage cases with uniformly good results.

We will now consider only a few of the more common complications that may develop

during the operation or during the course of treatment.

Gas embolus is probably the most dreaded of the complications. A few fatalities have been reported from this cause. It is generally produced by trying to inject gas into the pleural sac when the needle is within the lung tissue, thus forcing gas into a wounded blood vessel. Fortunately, with the improved technique and by use of the manometer, it is practically impossible for this now to occur.

Emphysema is common especially in the region of the puncture. It may also occur in the loose tissues of the neck. It may cause some inconvenience but soon disappears.

Pleural effusion is quite common, especially where treatment is long continued. If the quantity of fluid is large it will be necessary to aspirate or discontinue treatment.

Pneumothorax may develop. It may be caused by wounding the lung pleura. If of the valvular type the pressure within the pleural sac may be so raised as to produce alarming symptoms.

Displacement of the mediastinum may be caused by the maintaining of too high a pressure in the effort to collapse the lung.

Pyrothorax sometimes follows pleural effusion and may be caused by infection introduced from without or by infection introduced by wounding the diseased lung tissues with the needle.

It is very difficult to compile reliable statistics on the results of treatment by this method for the simple reason that various workers use their individual standards of selecting cases. Some selecting incipient and moderately advanced cases while others confine their selection to the advanced cases. The results of treatment in these various classes would of necessity vary much as to their final outcome inasmuch as quite a percentage of the incipient and early cases would have done well without the treatment. If we use the treatment in the suitable advanced cases only, there will probably not be more than 4 or 5 per cent of all the cases of pulmonary tuberculosis in which it may be used.

The effect of the treatment is the most striking in the acute cases. In these there is marked diminution in the fever. At first the sputum may be increased, but this soon shows a marked decrease. The cough decreases and may practically disappear. There is an increase in appetite and the general well-being of the patient. If these improvements can be

maintained there may be hope for the final restoration of the patient.

We must admit that this treatment is very limited in its application, but at the same time it should not be denied to those in whom it is indicated.

DISCUSSION.

Dr. Thos. Douglass (Ozark): I would like to ask Dr. English if this method of treatment of tubercular lesions should be used by the general practitioner. Of course, we understand that the sanatorium treatment is preferable, and we also know that by far the large percentage of tubercular patients must be treated by the general practitioner, who hasn't enough sanatorium room, and it is impossible to get enough. The general practitioner must take care of anywhere from 90 to 95 per cent of the cases of tubercular trouble, and this is certainly a very important method of treatment. I have never tried it, but I suppose that the general practitioner may easily acquire the right and proper technique to do this work, and who know enough about the treatment of pulmonary tuberculosis in general to rightly apply this method of treatment. I would like to know his opinion on that subject. There is not anything of more importance to us than the right treatment and the proper care of the tubercular patient. We have more of those cases with us. The general practitioner must take care of them, or a large number of them. We have a considerable number of them, even if there were sanatorium room enough, and there are a sufficient number that cannot go at all, and others who will not go, and the general practitioner must take care of them, and we must learn how to give them better care than they have had, in order that a large proportion of them may recover. I am hopeful on the subject. We have found out that a large percentage of tubercular patients are curable when taken care of at the right stage, and we have had it duly impressed upon us as to the importance of an early diagnosis, and we are learning to detect it in the early stages, and if we can, then in the early stages, apply to all those patients the most efficient treatment which can be given, and also at the home, then we shall have done a great work for the human race.

Dr. J. Philip Lunt (Leonard): I would like to ask the doctor a question: Wouldn't it embarrass the heart considerably to use artificial pneumothorax on the left side? And, also, I would like to ask another question, as we are all interested in this subject. Some of my saddest experience has been along the line of trying to give some relief to my tubercular patients. A young man came to my office something like two years ago. He was a walking skeleton, having immense hemorrhages, with a cavity formed in the left lung. To try to prevent the hemorrhages, I injected emetine hydrochloride, and immediately put him to bed. The hemorrhages ceased, and he said he felt so much better that he wanted me to keep up the injection. I gave an injection every third day for something like a period of three months. The first microscopic examination showed 170 tubercular germs. At the end of a period of about three months I got something like three or four slides negative, and then made a positive slide. Only about 5 was the best I ever got with the positive slide. He gained something like 15 or 20 pounds in weight, and resumed farming, which was his occupation. About three weeks ago, though, he came back, and at this time he changed for the worse again. Of course, that is just one case, that has no bearing on the treatment of tuberculosis. But, I would like to know if anybody present or connected with the sanatorium, in the

treatment of hemorrhages, have used emetine hydrochloride, and, if so, if they have derived any beneficial effects from it.

Dr. L. Kirby (Harrison): I had two cases, and I got good results from the use of emetine hydrochloride, injected sub-cutaneously.

Dr. J. W. Melton (Stocomb): This is a subject of vital importance, not only to every physician, but to every person in the State of Arkansas. And, there is one question that occurs to me forcibly, or one point, and that is when should we and when should we not refer our patients to the sanatorium. Now, it has been my misfortune in the last two cases that I have had that I made my initial examination after the patient had developed into almost the last stages. I have a patient now that I was called to make an initial examination, a few weeks ago. The question arose in my mind, what was best for me to do with the patient. I know I have conferred with the sanatorium, and have blanks to fill out, and I have filled them out. But, the question arises sometimes, what is the stage at which to refer them there. We know that they don't want those advanced cases. In the advanced cases, they can't do them any good, other than to tide them over a period perhaps, and they may be taking the places of the less advanced cases. They may be filling space and occupying room that should be filled by those who are more hopeful for recovery. And, I haven't referred my cases yet. I told them that I would make the attempt for them, if they wanted me to get them into the sanatorium at Booneville, but I didn't believe that I would succeed from my past experience.

There is, in the mind of every individual, who is not thoroughly enlightened on this subject, a fixed idea that they don't want a diagnosis of tuberculosis made on them. They dread it. And, it is not only prevalent in the uneducated mind, either. I know of physicians, I am sorry to say, that will hold on with a bulldog tenacity to a case of pulmonary tuberculosis, and will never, never, admit that they have pulmonary tuberculosis. Now, these are facts, and they are not only in the ignorant either. I could cite cases to prove the truthfulness of this statement, and I doubt, gentlemen, if it has not been your experience that you have seen these cases, and it makes it hard. I am sure that we are, as a profession, doing our best to educate the public on this question, but there is a sentiment that we ought to try and eradicate, and that is the sentiment that tuberculosis means death. That is the sentiment that prevails, that, if we have a diagnosis of tuberculosis, it means death, and it is a very unpopular diagnosis, I hate to say, when we tell the family that a patient has tuberculosis. But, I am sure that the majority of the profession do not care for the unpopularity of the diagnosis. It is our duty, as men to men and as a profession, that we should look at it in the proper way. But, these things confront us. And the main question is, according to my sad experience, that I don't see patients until cavities have formed and until they are carrying regular evening temperature and until they emaciated and having hemorrhages. This is a very sad condition, and it is very doubtful in my mind as to just what is best to do in the premises.

Dr. English (in response): In regard to the general practitioner using pneumothorax, that is rather a hard question to answer, but I cannot see, from the use of the pneumothorax, any reason why the general practitioner could not or should not use it. Of course, there comes the problem of selecting the cases, and the problem of keeping the patient on this treatment as long as they should be kept on it; but, at the same time, I realize, with just a few of us coming to specialize on tuberculosis and the medical fraternity

coming to depend on us taking care of these cases, that we are not going to get anywhere at all. The only way that we can reach the problem is for every physician to do the very best that he can with these cases.

Not, in regard to this particular treatment, there have been, from time to time, letters coming into the institution from all over the country of people that have gone from Arkansas to some place else and taken the pneumothorax and have come back and wanted to know if we can give the pneumothorax at the Booneville sanatorium. As this treatment becomes more common, I think that the only way to solve the question will be for you gentlemen to take that up, and, in the cases that require artificial pneumothorax, give it to them. Another thing, if we only keep the patient at the institution six months, after having the artificial pneumothorax for two years, why shouldn't you give it? There is no reason why. It is a simple operation. No reason why you shouldn't give it. Besides, this man may be working all the time, and he won't want to go a couple of hundred miles to get an injection. He will want to get that at the most convenient place. And, it may be in those cases that it is only necessary to inject them three or four times a year, and it is a short procedure. I don't see why it couldn't be carried out.

In regard to embarrassing the heart by injections on the left side, we use the injection on either side without question. And, while you are a little more apt to displace the mediastinum by the injection on the left side—at least, I find that to be the case—yet, at the same time, if you do, it is not such a serious matter. You can reverse the process, and extract some of that gas, if you find out that the heart has been displaced to the right side. In fact, in some cases I have had the apex beat on the right side in the same locality that it should have been on the left side. And, that will vary in different cases. In some cases the mediastinum seems to be absolutely fixed, but there is no danger of that in every case, as the mediastinum seems to be flexible. In case of collapse of the lung, or the collapse of the cavity in the lung, you may displace that mediastinum and get displacement of the heart. But, as I stated in my paper, I made mention of the fact that now I am only attempting to get a neutral reading at the end of the injection of the gas, and if I don't get a high reading at the end with more pressure than will sufficiently collapse the lung, there is no danger of displacing the heart.

As to the drug treatment that was mentioned, I haven't used it. I do not know. But, I will say this, that I have used a good many drugs that have been suggested, that I thought possibly offered some chance of improving the patient, but, as a general rule, we get very little results that we can attribute to the drug, that has a direct effect on tuberculosis.

I was interested in the remarks as to when the patient should be transferred to the sanatorium. Now, with us who are in the sanatorium work, that has been one of the hard things to overcome, or to get cases that would offer some chance of improvement. Now, while it is necessary that those cases often should be isolated, and should be in the sanatorium, the advanced cases, here is the problem that you are confronted with: You put an advanced case in the sanatorium, and take good care of him, and he will live much longer than he would at home, probably; you soon get the sanatorium filled with incurable, chronic cases, and then, when a man wants a place, an incipient or moderately advanced case that offers a good opportunity for recovery, there is no room. Now, you have two evils, and it is up to you to choose which is the lesser. The sanatorium board has indicated that they expect us to treat there the

incipient cases and possibly moderately advanced cases, and not accept the advanced cases, because we would get the institution full of these cases in a short time, and we would not be able to do the good that we should do. There is no question but what those advanced cases should be isolated and put into an institution, but I believe that the solution of the problem will be the building of a county institution or group of county institutions, and take the advanced cases out of the home and put them in these institutions. We are never going to get anywhere with this tuberculosis problem until we have laws on the statute books where we can take care of the careless consumptive. We are never going to get anywhere. We are just taking care of the end products. In some States they have laws where, if the patient is careless, the authorities can take charge of that patient and put him in an institution and keep him there, and that is the only solution to the problem. I am not afraid of the careful tuberculous person. I would not say one word to prejudice the mind against the tubercular, because they have a hard enough time of it, anyway. But, let us teach them to be careful, but let us be firm and take care of them, if they are not careful.

We have one case in which we have a history of direct infection. I think we have got the last one of the tribe. I think he was the twenty-first one in the family, with a history of direct infection. One member of the family right after the other died of tuberculosis. I realize, and every tuberculosis worker realizes, that we are not paying enough attention to the tubercular problem as compared with other medical problems. Why, we have a disease that is claiming probably, in the State, one-eighth of all the people who die. One-eighth of the people that die die of tuberculosis. Some put it at one-eighth, and some put it at one-tenth. That being the case, I believe that it is due to this problem that we give it more attention. Instead of one sanatorium for Arkansas that will take care of 140 patients, we should have an institution that will take care of the advanced case. Of course, we say that it is expensive to maintain all these institutions. It is expensive, but it is not as expensive as it is not to maintain the institution. I don't remember the exact population of this State, but, taking one of the Eastern States, Massachusetts, with practically three million people, they have there four State institutions for the cure of tuberculosis, and they have a large number of private institutions, and several county institutions. They are are trying to meet that problem, and we have got it to meet here in the West, also.

CONSERVATION OF VISION.*

By. H. Moulton, M. D.
Fort Smith, Ark.

Although, on account of the war, the activities of the Committee of the American Medical Association for the Prevention of Blindness are temporarily suspended the importance of the work is not lessened. We should keep constantly in mind the fact that the burden of this work will always fall on the medical profession. Every day the doctor has the opportunity to instruct a patient, a family,

an employer of labor, a teacher or public officer on some of the principal measures necessary for the conservation of vision.

All State laws on this subject must originate in our profession. It is of especial importance in our State at this time while a new State Constitution is being made, that the medical profession be ready to make such suggestions as will insure, in our new code of laws, adequate provisions for the conservation of vision. It is probably not possible that the constitution can contain sections dealing directly with specific subjects, such as ophthalmia neonatorum, trachoma, accidents, the practice of ophthalmology, etc. But the part of the constitution dealing with public health, and a sanitary commission should be so framed that health officers and school boards should have authority to adopt and enforce such rules as may be needed, and to enforce such laws as legislatures may enact for the conservation of vision. Every opportunity should be made use of to educate the public as to the value of such protective measures. All these things the medical profession must undertake to do or they will not be done.

The possibility of conserving vision lies in the fact that many of the causes of blindness are preventable, notably, ophthalmia neonatorum and possibly trachoma, and many accidents in industrial life, abuse of the eyes etc.

Ten per cent of all cases of blindness are said to be due to ophthalmia neonatorum. Every case might have been prevented, saving to this State alone annually more than one hundred thousand dollars in money value, aside from the individual losses sustained by the afflicted. Our laws should require the Credé treatment of the new-born and a report to the health officer of all cases of sore eyes in babes under two weeks of age.

Trachoma is growing alarmingly prevalent in our State. I notice in the daily press that the United States Government is about to send a commission to this State to select a site in the northwest for establishing a trachoma hospital. I hope such a hospital will be established. We should lend it every aid and encouragement. Trachoma can be stamped out, I believe, but a long period of education, treatment, and quarantine will be required. A few scattered oculists here and there can do but little. Much could be done, however, if *every practitioner of medicine* in Arkansas, whether living in a big or little community, would acquaint himself thorough-

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

ly with the nature of the disease and its treatment and resolve to faithfully treat every case that came to his notice and to fully instruct the family and neighbors in prophylaxis. Any doctor can learn, and should learn, to treat trachoma, and instruct the home folks. He may have to refer some of the worst complications to an expert, but he can surely carry all cases beyond the contagious stage and save many an eye from loss. Very few of these cases can afford to go away from home and remain away for treatment.

Concerning accidents:

Proper protection of workmen will save much eyesight.

A notable instance of the efficacy of means to prevent accidents is to be found in the history of the water-glass or gange on steam engines. Twenty years ago it was a frequent occurrence for an oculist to have brought to him an engineer or fireman with an eye seriously cut or blinded by the bursting of one of these water glasses. These cases were so frequent and serious that where laws were not made for the protection of the men, corporations themselves voluntarily and in self-defense against damage suits, provided the simple and inexpensive device of a wire screen about the water glass. Nowadays injury from this cause is practically not known. So it is in the case of many other modern machines, protection can and must be provided.

Proper lighting and better working conditions also are necessary for the conservation of vision.

There is hardly a bank in the State properly lighted when the eyesight of its employees is considered. This item comes under the head of abuse of the eyes and is extended to school buildings and all places requiring eye work. Fortunately, the school rooms of our larger cities are all, so far as I know, lighted properly, or at least, proper provision has been made for correct lighting.

Under the head of abuse of the eyes, comes also the use of the eyes for near work when diseased or when some error of refraction causes their use with dangerous strain on the accommodation. Very many school children have these defects which can most readily and in some cases only be detected by an examination or inspection. If such inspection of all school children's eyes were annually required by law, all the defectives would at once be placed in the way of securing relief. The object of such a law is

that the defects or diseases may be discovered and the parents notified. Treatment is not obligatory, but most parents are glad to seek medical aid if they find it is needed. Instances of the good results of these annual inspections are very numerous in every community where they are practiced. In our city the school board has wisely adopted the annual inspection of school children's eyes after a plan that is now generally considered the best because, while efficient, it is inexpensive. The inspection is made by the teacher who is provided with a chart of test letters and full instructions; so that by spending about five minutes with each child she is able to make a very accurate report concerning the condition of the child's eyes. I think our new State laws should make obligatory an annual inspection by this or some other method. It would not only save some children's eyes, but make better scholars. A large portion of backward children are so because of poor eyesight or hearing.

We have a law on our statute books now licensing the optometrist or optician, and giving him a right to hang up some kind of a diploma or licensing card and call himself "doctor of optometry." But it is asked what has this to do with the conservation of vision? It has just this: The average layman sees the sign or sheepskin and thinks its possessor must be on an equality with the doctor of medicine who treats diseases of the eye and prescribes glasses. He knows no difference. So, if his eyes trouble him, he drops in to see the doctor of optometry who *looks* wise and *knows* nothing. Suppose the patient has some serious disease such as incipient glaucoma. The optometrist gives glasses, and assures the victim they will cure him. Instead, however, the disease insiduously grows worse until too late, unless the victim discovers his mistake in time. Just last week I saw just such a case as this. I have seen many. So has every other oculist. I believe it is the duty of every medical man to oppose all optometry laws which allow the licensee to assume the title of doctor. In Colorado the optometrists for several years gave up trying for a law when they found they could not get one which allowed them to call themselves "doctors of optometry." Finally they accepted it with that restriction. It is all right to license an optician on examination; but "Mr." is as high a title as public safety will allow him to wear.

To recapitulate: It is our duty as a medical organization to advocate laws and measures designed to control ophthalmia neonatorum, trachoma and other infectious eye diseases. A law requiring annual inspection of school children's eyes and ears, preferably by the teacher, laws protecting the eyes of those engaged in industrial pursuits dangerous to eyesight, and, finally, to oppose laws which cunningly invite the ignorant sufferer from disease of the eyes to place his confidence in a vendor of spectacles rather than in a trained physician.

In my own town, Fort Smith, our school buildings are all properly lighted, due to the scientific arrangements for lighting; especially installed was our modern electric indoor lighting system under the direction of a competent architect.

DISCUSSION.

Dr. R. H. T. Mann (Texarkana): I have enjoyed very much Dr. Moulton's excellent paper on this subject. It is along the line of the drift of the medical profession. Not only is vision to be conserved, but the public health as well and this opens up a big field. I believe the time will come when the medical profession will be employed by the State, and its duties will be equally to prevent as well as to cure diseases.

It is impossible for physicians doing private practice to do anything like the amount of work needed for the conservation of health and vision. Until the State Board of Health has ample funds to carry out its work as it should be done, then there is nothing left for the oculists of the State to do but to conserve vision as far as possible along with their practice. This, however, can only be done to a limited degree.

Dr. Moulton (in response): I just wish to add a word about the inspection of school children's eyes. There are three methods by which this may be done. One, is by a school physician or the city health officer; another is by the school nurse; and the third is by the teacher. Of course, the best way for it to be done would be by the school physician or the public health officer. This method, though, is prohibitive, or the expense of the method makes it prohibitive in most communities. The matter of expense also applies to the employment of a nurse. Now, as a matter of fact, it has been found in actual practice that the teacher can do it just as well as anybody else, with the exception of making a diagnosis.

But, let's take, first, the matter of hearing. All that is necessary is for the teacher to set the child twenty feet away from her, or have the child stand twenty feet away from her, and have somebody close one ear, and the child to repeat phrases or words or numbers after her, which she has pronounced in the ordinary conversational tone. If the child can repeat what the teacher says, after testing first one ear and then the other, the teacher can put down that child's hearing as 20-20 in each ear.

In the matter of testing the eyes of the children, the teacher hangs up a chart of testing letters, which can be obtained easily from any company preparing them for that purpose, with full instructions as to their use, and the teacher can learn those instructions in a few minutes' study. Then, all she has to do is

to have the child read those letters on down as far as it can with each eye separately, and record the results. It takes but a few minutes' time.

Then, if the child's eyes are habitually red and inflamed, or gummed with secretions in school, the teacher can make a note of that. If the child complains habitually of headaches, the teacher ought to make a note of that also. These things should be done quickly by the teacher, and a card given to the child for it to take to its parents or guardian. Then, it becomes the duty of the parent or guardian to consult the family doctor, or, oculist, if they choose.

Dr. C. W. Garrison (Little Rock): I would like to move that Dr. Moulton be requested to digest this paper immediately. The Constitutional Convention reconvenes in July, and I move that he be requested to digest it immediately, and send it to the secretary of the Arkansas Medical Society, in order that it may be mimeographed and sent out to every paper in the State. Seconded.

Dr. J. T. Clegg: I don't think it exactly legal.

Dr. Moulton: In digesting and summarizing I think it would be wise to leave out that last part dealing with optometrists. That might be misunderstood.

Dr. Garrison: That can be left to your discretion. If there is too much expense or labor attached to it, I can get it out through my department. The point I am after is to get it out. The reason I want to send it out is so that the Christian Scientists and others can object to it.

Dr. Mann: I make a motion that the Scientific Session ask the Council to have that done. Seconded and carried.

Dr. Garrison: Let it be done at once, so that we can get it out before July.



U. S. Food Administration.

Jist ez de buckwheat cake got flop over on his face, Br'er Bacon-rin' dance 'roun' en say, sezee:—"One good tu'n desarves en nuth-er," sezee.—Meanin' dat ef de sojer boys go en do de fightin' fer us, de leas' we alls kin do is ter sen' 'em all de wheat—en eat buckwheat instid. Co'n meal, rye en barley flour fer us will he'p a lot too.

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Editorials.

CHRISTMAS AND PEACE GREETING.

In the memory of no living man has a Christmas come with such cause for joy, as that of this year of 1918. We have had wars before, and many of our older members can recall our own Civil War, with all its terrors, sacrifices and bereavements. Terrible as that war was it pales before the conflict just ended—or shall we say ending?—in which veritably there was a "world at war"! Where other wars have involved millions this involved tens of millions. Indeed with the privations brought upon neutrals, the interference with overseas commerce, it may be said that there is not a country in the whole world that has not, in some degree, suffered from the effect, directly or indirectly, of this frightful war. So that fighting being ended and our brave soldiers coming home, the real meaning and force of the message, "Peace on Earth; Good Will Toward Men," becomes more impressive than has ever been known of man.

And in welcoming peace, let us pay tribute to the medical profession of Arkansas, the members of which so promptly and nobly responded to their country's call. Its quota was more than filled taking as the basis the graduated physicians, who alone are eligible, rather than the medical directory which includes the undergraduates, who were ineligible to serve. Many of our Arkansas physicians saw service at the front, and in French and British hospitals. Others served in the training camps at home where they did most valuable work, especially throughout the epidemic of influenza, when they were taxed almost to the limit of endurance. Still other physicians at home pledged themselves to the Volunteer Medical Service Corps to apply for commissions in the Medical Corps when called upon to do so. Then there are those who, left at home, did all that was humanly possible to "Keep the home fires burning," because with the ranks depleted by those in service the work of those left behind was more than doubled.

And let us not lose sight of the fact that the heroes in service are not only those who went to the front. The private who in service fell a victim to influenza in a training camp is as much a hero as he who fell in battle. Each gave all, making the supreme sacrifice in the common cause of liberty. So with the

member of the Medical Corps. All could not go to France. It was just as necessary that many remain in the training camps. They are entitled to the same meed of praise and honor as he who ministered to the wounded in Allied hospitals or rendered first-aid on the very battlefield, exposed to the fire of the enemy. As Pope says, "All are but part of one stupendous whole." A chain is no stronger than its weakest link and the smallest cog in a machine must do its part or the whole work fails. Without the workers at home troops could not have been sent abroad nor maintained after arriving there. Without cantonments at home soldiers could not have been made out of raw material and the physician's part in preserving the health of the men in camps was as essential as the work of administering to the wounded in battle. A certain glamour attaches to the returned member of the expeditionary forces which may blind one to the service, equally necessary, equally valuable, rendered by the worker at home.

Remembering these things, honoring all alike who contributed to this final and glorious result, peace, from the lowest to the highest, giving thanks to the Creator that victory has been vouchsafed the cause of world-liberty and that "grim-visaged war has smoothed his wrinkled front," let us approach the great festival of Christmas this year with a fitting and thankful sense of what "Peace on Earth" really means after the horrors of what has gone before.

The Journal wishes every member of the Arkansas Medical Society, every citizen of the country, a Happy and Joyous Christmas and a Prosperous New Year in the hope of many years to come when swords being beaten into plow-shares, Peace shall continue to reign and the roar of the cannon never more heard in the land.

WELCOME HOME AND THE FUTURE.

Very soon those members of the Arkansas Medical Society who went abroad to the war hospitals and battlefields will begin to return, although many will be kept in service for a long time yet. Doubtless as the men in cantonments are demobilized, many physicians serving in them will be released. Returning to their former homes they should be given a genial, heart-felt welcome. Many will return to a disorganized practice. Unlike those in other callings these men gave more than

their mere time and talents. They gave their future. The physicians' practice has as tangible a value as has the "good will" of an established business which actually enters into the sale of such business as a valuable cash asset. In many cases a tacit if not a definite promise was given these physicians entering the service that their practice would be safeguarded. It is not necessary to say that in many cases this is impractical and impossible, since no man may dictate to a former patient that he must return to his former physician. Perhaps as far as possible, the practice of the physician in service has been safeguarded but at that, while absent, the physician has perforce been denied any building up of new practice, even should all his former patients return to him; so that in any event he has been called upon to make material sacrifices for his country and for his fellow men. But with their return, let us not only welcome them back but do all possible to repay them for the sacrifices they have made.

With the absence of so many physicians and the consequent heavier burden on those left at home, many medical societies have held few meetings this year. Now is the time for rehabilitation and reconstruction. One of the ways to help the late absentees in service is to cultivate the "Get-together" spirit. There is no way so potent as to keep up interest in the regular meetings of the county societies. Let attractive programs be arranged. An inexpensive lunch or dinner occasionally preceding the meeting does much to foster interest and promote good feeling. Don't let the meetings become mere routine affairs. Make them so interesting that members will feel like they are missing something if they fail to attend. Give the meetings publicity. Secretaries should send reports to the medical journal which is always ready and willing to publish them. Give brief synopsis, to the correspondents of the leading State newspapers. All will gladly give them space.

With the war over—or practically so—let us all go to work to put the State Society on a firmer basis than ever. The State Society is after all made up of the county societies; they are the bricks that compose the edifice. Let us try to make the next annual meeting the biggest and most attractive in the history of the society.

CONTACT INFECTION.

Doctors are talking a lot nowadays about contact infection, and to the average layman this somewhat technical phrase does not mean very much. What is it and what does it mean?

Contact infection simply means that the medical men have discovered that most diseases are spread by contact of one individual with another. For example, a soldier sneezes, coughs, or spits in close proximity to another soldier in his barracks, and the second man soon develops a cold, measles, diphtheria or meningitis. How did he get it? From contact with the fellow who was carrying the germs of this disease in his mouth or nose or throat. The forced close associations of army life have brought together millions of men from all walks of life and with every possible kind of habits, with the result that many diseases that would ordinarily be avoided are spread in the barracks and camps.

To help offset this danger, the National Tuberculosis Association, working in co-operation with the office of the Surgeon General, the Y. M. C. A., the American Red Cross and other agencies, is circulating throughout the camps an exhibit on the health of the soldier and is also sending lectures and literature with the exhibit. The exhibit lays stress upon three points:

First—That ordinary diseases, such as common colds, measles, diphtheria, meningitis, syphilis, etc., are spread by carelessness from one soldier to the other usually through spitting, sneezing and coughing.

Second—That common sense and the exercising of simple precautions will prevent most such diseases. For example, merely covering the mouth with a handkerchief or turning away when coughing or sneezing will save the spread of hundreds of diseases.

Third—That no soldier has a right to infect anybody else, or to be infected himself if he can prevent it, and that fitness for fighting is the prime requisite of every soldier. The Government has done much to make the soldier fit, but the average man in the camps can upset everything that the Government does by carelessness in his habits and associations.

This same message of fitness and care is being spread by the National Tuberculosis Association and its affiliated agencies through

the civil population by the same means that are being employed in the army. The Red Cross Christmas Roll Call, through which every man and woman in the United States will have a chance to enlist in the service of his country, will give to everyone who joins a chance to participate in this movement for better health in the army, navy and civilian population. The ten Red Cross Seals, which each member who joins the Red Cross during the Christmas Roll Call will receive, will show that he or she has a definite share in the fight against tuberculosis.

Abstracts.

INFLUENZA.

The special features of the epidemic in Chicago are noted by Bernard Fantus (*Journal A. M. A.*, Nov. 23, 1918), who gives his experience in family practice, of which there is less literature than of that in hospitals. One of its startling features was its sudden flaring up and its equally sudden decline. There is every reason to believe, he says, that the infection was universally present in the population. Susceptibility was very general though varying in degree. Of those who escaped the developed disease, there are few who could not recall having coryza, a raw feeling in the throat or coughs or aches and pains, one time or another during the epidemic. That blood relationship had something to do with susceptibility was shown by the fact that in some families every member was definitely affected, while in others there was not one definite case, though exposure had taken place. The very old and the very young seemed, on the whole, less susceptible. In view of the universal prevalence of the infection, quarantine was necessarily useless. The wearing of face masks gave no more protection than the excessive consumption of whiskey indulged in by some, or the camphor-bags worn by children. Nurses who used face masks were notoriously victims, and this is explainable by the fact that the eyes unless specially protected are open avenues to the respiratory mucous membrane. The symptomatology was multiform. Some cases merely showed fever without aches and pains, and vice versa; most patients coughed, some vomited and coughed and some vomited and did not cough. The nose was less liable to be affected than the bronchial tubes, and when involved there was a marked tendency

to nose bleed. Prostration was generally out of proportion with the severity and length of the disease, the average duration of which was about three days. Relapses, however, were frequent, and seemed to be increased by premature leaving off bed-treatment. Bronchopneumonia was the most important and serious complication, but continued rest in bed seemed to be the best preventive. This can be easily understood when we think that in an attack of influenza, warmth seems to favor the development of an immunity, whereas chilling has the opposite effect. The especially critical period is when the patient's temperature is falling to or a little below normal. The duration for rest in bed for mild cases might be given as two or three days, but in severe cases or handicapped patients it should be increased, and to avoid chilling, the use of the bed-pan and urinal must be insisted on, and the patient's garments and bedding kept dry. In most cases good nursing is more important than good doctoring. The symptoms most often noticed, but probably least deserving it, was the fever, which was usually readily reduced by proper treatment. A proper object of therapeutic attack was the aches and pains, and it was from their analgesic rather than their antipyretic action that the coal tar products are of great value. Their chief disadvantage is the sweating they cause, and therefore, when the pains are very severe, the physician may give an opiate. The proper management of the cough is probably of fundamental importance. In a number of patients he has found an iodid with liberal fluid ingestion very valuable, and the serious cases, where ammonium chlorid fails to relieve, the addition of sodium iodid with it gave satisfactory results. In all cases plenty of fluid should be administered. As regards the cough, Fantus believes the administration of opiates by themselves or in complex cough syrups is pernicious. He has, however, found that when sleep was impossible on account of cough in some exceptional cases small doses of codein, by the hour, of value. Insomnia should not be permitted. A tendency to vomiting was so common that liquid diet was found advisable. The prevention of bronchopneumonia, the chief cause of death in influenza, is possible in a considerable proportion of cases by the enforcement of sufficiently prolonged and thorough rest in bed, favoring of free expectoration, a copious ingestion of fluid, and perhaps the use of iodid and avoidance of opiates.

Personals and News Items.

Dr. J. W. Melton has moved from Slocumb to Benton.

Dr. Sam J. Allbright has moved from West Point to Kensett.

Dr. Chas. H. Cargile of Bentonville and Wm. R. Owens of Paragould visited in Little Rock this month.

It is with sorrow that we announce the death of Dr. Frank W. Jelks of Hot Springs on December 9, 1918.

Dr. L. D. Reagan, Little Rock, for several years associated with Dr. J. P. Runyan, is now a member of the firm of Runyan, Kirby, Sheppard & Reagan.

We place the quality of our advertising pages above advertising revenue, but it pays our readers, because they know our columns are trustworthy.

Dr. and Mrs. J. F. Roemer of Waukegan, Illinois, announce the marriage of their daughter to Dr. H. V. Hughens, Lieut. M. C., U. S. Navy, Little Rock, November 28, 1918.

Lieut W. A. Dashiell, M. C., Little Rock, addressed the Pulaski County Medical Society this month on his experiences in the Medical Corps, First Division, American Army in France.

Officers of the Pulaski County Medical Society recently elected for the ensuing year are as follows: C. E. Witt, president; E. M. Hudson, vice president; J. B. Dooley secretary; Wm. R. Bathurst, treasurer (re-elected).

Jefferson County Medical Society have elected the following officers for 1919: J. M. Lemon, president; Wm. Breathwit, vice president; J. T. Palmer, secretary-treasurer (re-elected) and delegate to the State Medical Society in Little Rock, May, 1919. M. A. Shelton, alternate.

Dr. J. P. Runyan, Little Rock, announces the opening of St. Luke's Hospital annex on Lincoln Avenue, formerly the Physicians' and Surgeons' College and Hospital. The building has been entirely renovated, including repainting, re-carpeting and general remodeling. The hospital is under the exclusive control of the firm of Runyan, Kirby, Sheppard and Reagan. Mrs. E. Meek, Matron.

In connection with the hospital will be a training school for nurses; about forty students will be enrolled.

The list of members of the Arkansas Medical Society as reported to the Journal by the State Secretary, whose membership constitute the State Medical Society, is published in this issue of the Journal. The list shows the official registration for the year 1918. We regret to say that the list is not as large as it should be and as it could be were the proper efforts made to induce our non-members to join our society. It is up to the Councilors and the County Secretaries to solicit new members who are eligible and desirable.

New and Nonofficial Remedies.

ANTIPNEUMOCOCCUS SERUM TYPE I, (Gilliland).—It is marketed in vials containing 50 cc. The Gilliland Laboratories, Ambler, Pa.

SALIPYRINE TABLETS, $7\frac{1}{2}$ Grains.—Each tablet contains 7.5 grains of salipyrine (see New and Nonofficial Remedies, 1918, p. 275). Riedel & Co., New York.

PHENYLCINCHONINIC ACID (Abbott).—A brand of phenyleinchoninic acid, U. S. P. (see New and Nonofficial Remedies, 1918, p. 269). The Abbott Laboratories, Chicago.

CORPUS LUTEUM CAPSULES, 2 Grains.—Each capsule contains 2 grains of corpus luteum-Armour (see New and Nonofficial Remedies, 1918, p. 237). Armour & Co., Chicago.

PARRESINED LACE-MESH SURGICAL DRESSING.—Net mesh gauze impregnated with and containing from 45 to 50 per cent of parresine (see New and Nonofficial Remedies, 1918, p. 247). The Abbott Laboratories, Chicago.

LUTEIN TABLETS—H. W. and D., 2 Grains.—Each tablet contains 2 grains of lutein (the fully developed corpora lutea of the hog, dried and powdered). Hynson, Westcott and Dunning, Baltimore, Md. (Jour. A. M. A.; Nov. 2, 1918, p. 1485).

RABIES VACCINE (Harris).—An antirabic vaccine standardized by the method of Dr. Harris and stored in vaeuo. Each package contains vaccine and apparatus for the administration of one complete treatment. One dose is given daily for ten days or more. National Pathological Laboratories, Chicago (Jour. A. M. A., Nov. 30, 1918, p. 1825).

CHLORCOSANE - SQUIBB.—It complies with the standards for ehloreosane, N. N. R. Chlorcosane is a liquid, ehlorinated paraffin con-

taining its chlorine in stable (non-active) combination. It is used as a solvent for dichloramine-T and is itself without therapeutic action. E. R. Squibb & Sons, New York.

THROMBOPLASTIN SOLUTION-ARMOUR.—An extract of cattle brain in physiological sodium chloride solution prepared according to the method of Hess. It complies with the description of Solution Brain Extrae, N. N. R. As a hemostatic, the solution is applied directly to bleeding tissues or applied by means of a spray or tampon. See New and Nonofficial Remedies, 1918, p. 136, under "Fibrin Ferments and Thromboplastic Substances (Kephalin). Armour & Co., Chicago.

HALAZONE-SQUIBB.—A brand of halazone complying with the standards for halazone, N. N. R. It is marketed only in the form of Tablets Halazone-Squibb $1/16$ Grain, each containing halazone-Squibb, $1/16$ grain, anhydrous sodium carbonate, $1/16$ grain, and sodium chloride, $1\frac{3}{8}$ grains. Halazone tablets are used for the sterilization of drinking water, one to two tablets being added to each quart of water. E. R. Squibb and Sons, New York (Jour. A. M. A., Sept. 28, 1918, p. 1059).

Propaganda for Reform.

COMPOUND SOLUTION OF CRESOL.—In an eastern institution where members of the U. S. hospital corps are being instructed, a bottle containing Liquid Cresolis Compositus is labeled "Lysol" so that doctors may recognize it. Comment is superfluous (Jour. A. M. A., Nov. 30, 1918, p. 1830).

DIGESTIVE ABSURDITIES.—Scientific investigations have demonstrated beyond any doubt the irrationality of the combinations of digestive ferments which go to make up the various brands of aromatic digestive tablets, and all chemists and manufacturing pharmacists are familiar with these facts. The excuse for manufacturing them is that there is a call for them. It is a question whether the physician who ignorantly prescribes aromatic digestive tablets is not more morally culpable than the pharmaceutical house that supplies what such physicians demand (Jour. A. M. A., Nov. 2, 1918, p. 1489).

A SHORT-SIGHTED DRUGGIST.—A correspondent writes: "I went to a nearby drug store and asked for twenty-five cents' worth of

Liquor Antasepticus Alkalinus; I got one ounce! The druggist charged me fifteen cents an ounce, and ten cents for the container. Next time I fear I shall be forced to get Glycothymoline!" To penalize a man who calls for an official product so as to drive him to ask for a "patent medicine" of the same general character is both poor pharmacy and bad business (Jour. A. M. A., Nov. 23, 1918, p. 1745).

KENNEDY'S TONIC PORT.—Kennedy's Tonic Port was booze sold as "patent medicine." Its conflict with the law came when a bottle of the preparation was sold at a Regina drug store in November, 1917, in that the sale of alcoholic beverages is prohibited in Saskatchewan. The Saskatchewan authorities proceeded against this concern, and the drug store proprietors were convicted and fined. They appealed the case, but the judge before whom the appeal was heard decided against the concern and increased the fine. Booze is booze in Saskatchewan (Jour. A. M. A., Nov. 23, 1918, p. 1763).

VALUE OF VACCINATION AGAINST INFLUENZA.—There is no conclusive evidence that the Pfeiffer bacillus plays any greater role, if as great, in the present epidemic than any other bacteria found in the respiratory tract in this disease. Also, the influenza bacillus is a very poor antigen. There is, in fact, nothing to show that definite antibodies against this bacillus develop in the course of influenza. Animal experiments show that it requires prolonged immunization before any response becomes apparent. Again, there is no record of controlled experiments on human beings with influenza vaccine. From this it is evident that vaccination against influenza is in a wholly experimental stage (Jour. A. M. A., Nov. 9, 1918, p. 1583).

MORE MISBRANDED NOSTRUMS.—The following nostrums have been proceeded against under the Federal Food and Drugs Act: Baker's Tubercular Remedy, containing 11 per cent alcohol by volume, sugars potassium iodid, ammonium chlorid, glycerin, licorice, plant extractives, etc. Lee's Save the Baby Croup Specific, a liniment with a fatty oil base containing camphor, rosemary and thyme. Lee's Croup Mixture, containing over 70 per cent of lard, about 7 per cent alcohol, and over 18 per cent volatile oils, consisting of a mixture of oils of rosemary and thyme and camphor. Twentieth Century, consisting

of a powder and a solution, the latter, essentially a mixture of water, glycerin, lead and zinc sulphates, acetates, nitrates, and a small Wine of Anise, a syrup containing morphin acetate and alcohol, and flavored with anise. Professor C. E. Matthai's Victory, containing 49 per cent alcohol, 1.2 grains of opium to the fluidounce, and 3.5 per cent camphor and volatile oil, and small amounts of red pepper. Sensapersa, tablets containing asafetida, cannabis indica, and a drug containing a sydnatic alkaloid (Jour. A. M. A., Nov. 9, 1918, p. 1601).

AUTOLYSIN AND BEER.—Henry Smith Williams, who exploits "Proteal Therapy," also runs a publishing concern, the Goodhue Company, and has associated with him his brother, Edward Huntington Williams. Some time ago, complimentary copies of a book, "Alcohol, Hygiene and Legislation," written by Edward Huntington Williams, and published by the Goodhue Company, were sent broadcast to physicians with the compliments of author and publisher. The book championed the lighter alcoholic beverages and questioned the value of prohibition. Enclosed with the book was an advertising leaflet on the "Autolysin" cancer cure and a letter calling attention to a book by Henry Smith Williams on the Autolysin Treatment of Cancer. Now the secretary of the United States Brewers' Association has testified before a Senate Committee, according to newspaper reports, that a "Dr. Edward H. Williams" was employed to write articles "relating to the brewers' trade." Is the Dr. Edward Huntington Williams who wrote "Alcohol, Hygiene and Legislation" the "Dr. Edward H. Williams" who was employed by the brewers to write propaganda favorable to the brewing interests? Was the cloth-bound book, "Alcohol, Hygiene and Legislation," paid for, wholly or in part, by the United States Brewers' Association (Jour. A. M. A., Nov. 30, 1918, p. 1846)?

PENEGUENTS.—Indiana physicians have been visited by the representative of the American Ointment Company who distributes samples and discourses on "Peneguents." He admits that his preparations have not been accepted by the Council on Pharmacy and Chemistry, but attempts to offset this by a report of the National Research Council which he hands out with other "literature." A glance at the Ointment Company's "literature" makes it clear that its preparations

could not be admitted to New and Nonofficial Remedies. The report of the Research Council does not pretend to pass on the therapeutic usefulness of the preparations, but apparently was made to check the statements made in regard to their composition. It brings out that the composition of the ointment base is not divulged by the manufacturer, and that "Peneguent Chlor-Iodine," claimed to contain "Iodine Resub. 5%," contains but 0.37 per cent free iodine, the remaining iodine having combined with the ointment base. Since the complex and semisecret character of their formulas and the unwarranted claims should have been sufficient to preclude the use of these proprietaries by the U. S. Army, it is difficult to understand why the examination was made (Jour. Ind. State Med. Assn., Oct. 15, 1918, p. 374).

Book Reviews.

THE SURGICAL CLINICS OF CHICAGO.—August, 1918. Volume II, Number 4, with 110 illustrations. Published by W. B. Saunders Company, Philadelphia. Price per year, \$10.00.

Among the different clinics in this number Dr. Carl Beek describes "Partial Rhinoplasty—Transplantation of Skin for Repair of Defect on tip of Nose by the Italian Method." Two other cases are described illustrating the supreme importance of wide incision with perfect exposure of infected tissue in the management of hand infections.

THE PHYSICIAN'S VISITING LIST FOR 1919.—Sixty-eighth year of its publication. By P. Blakiston's Son & Company, 1012 Walnut St., Philadelphia. Price \$1.25 net.

In addition to a very convenient arrangement for recording visits; memoranda; addresses of patients; bills and accounts asked for; obstetrical engagements; record of births and deaths; cash account, the book also gives a splendid Dose Table and information for immediate treatment of poisoning. It is of pocket-size, leather cover with a pocket and pencil.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries and improvements in the medical and surgical world. Edited by Dr. H. A. Hare, and Dr. L. F. Appleman. September, 1918. Published by Lea & Febiger, Philadelphia. Vol. XXI, No. 3. Price \$6.00 per annum.

Among the instructive articles in this number is by Dr. William Ewart in which he describes "Pulmonary Tuberculosis," "Respiratory Infections Other than Tuberculosis,"

"Physical Signs and Methods," "Metabolism," "Gas Therapy," "Transfusion," "The Heart and Pericardium," "The Blood Vessels and the Vascular Circulation."

THE PRACTICE OF PEDIATRICS.—By Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital. Second edition. Revised and reset. Octavo of 913 pages, 136 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$6.50 net.

In this new edition the author has added twenty-five new articles, sixteen chapters, largely rewritten and lesser changes made in many others. This book should prove of real service to the general practitioner and medical student. It describes fully nutrition and growth of the newly born, method of examination and the essentials in the care of acute illness. Suggestions are made for the management of children. Palliative measures and gymnastic therapeutics are given.

MEDICAL CLINICS OF NORTH AMERICA.—(The New York Number, July, 1918) Volume II, Number 1. Octavo of 311 pages, 57 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year, paper, \$10.00; cloth, \$14.00.

Among the interesting and instructive articles in this issue is a clinical lecture by Dr. W. J. Heimann of New York on "The Relation of Internal Disturbances to Dermatologic Conditions." He describes the intimate correlation of dermatoses with constitutional disturbances; essential features of dermatosis as a whole; types of acquired dermatoses; numerous combinations of manifestations and many clinical variations; broad principles guiding modern interpretations of etiologic factors; focal infections, etc.

THE DOCTOR'S PART.—What happens to the wounded in war.—By James Robb Church, A. M., M. D., Colonel Medical Corps, U. S. Army. With fore-word by Major-General William C. Gorgas, Surgeon-General U. S. Army. Illustrated. Published by D. Appleton Company, New York, 1918. Price \$1.50.

In this book Col. Church gives his experiences of over two years spent on the Western Front. He describes the details of a man's care from the time the stretcher-bearer picks him up somewhere in no-man's land, through the application of first-aid, to the base hospital and from there on to wherever his wound is serious enough to take him. He makes mention of the Red Cross and the wonderful organizations for the redemption of the disabled. His inspiring story of the work of the doctors and their aids should relieve any anxiety on the part of those having loved ones in the service of their country.

Annual List of Members of the Arkansas Medical Society.

(Notify Dr. C. P. Meriwether, Secretary, Little Rock, if errors in Names and Addresses are discovered.)

Arkansas County.

Bunn, A. D. Humphrey
Fowler, Arthur. Humphrey
Guthrie, O. V. Almyra
Hill, B. L. Stuttgart
John, M. C. Stuttgart
Lowe, A. M. Gillett
Lowe, W. W. Gillett
Moorhead, W. H. Stuttgart
Morphew, L. H. Stuttgart
Sillin, C. W. Stuttgart
Swindler, E. B. Stuttgart
Winkler, E. H. DeWitt
Whitehead, R. H. Tichnor

Ashley County.

Cone, A. E. Portland
Cookersham, H. E. Portland
Crandall, M. C. Wilmot
Holliday, B. F. Parkdale
Hawkins, M. C. Parkdale
Matthews, W. M. Crossett
Riley, J. D. Montrose
Sparks, J. B. Crossett
Setzler, G. H. Crossett
Simpson, J. W. Hamburg
Simpson, J. C. Hamburg
Williams, R. G. Parkdale

Baxter County.

Elton, A. M. Yellville
Hipp, J. A. Buford
Keeter, P. H. Flippin
Morrow, J. J. Cotter
Thompson, J. H. Yellville
Tipton, W. C. Mountain Home
Tipton, J. T. Mountain Home
Weast, L. M. Yellville

Benton County.

Beard, J. H. Baxter Springs, Kan.
Buffington, G. H. Decatur
Cargile, Chas. H. Bentonville
Clegg, J. T. Siloam Springs
Curry, W. J. Rogers
Clemmer, J. L. Springtown
Duckworth, F. M. Siloam Springs
Eubanks, F. G. Decatur
Green, L. O. Pea Ridge
Henry, J. T. Bentonville
Hurley, C. E. Bentonville
Huffman, K. B. Bentonville
Hodges, T. E. Cane Hill
Harrison, A. J. Lowell
Horton, C. W. Hiawassa
Highfill, E. J. Cave Springs
Hughes, G. A. Gravette
Hodges, Guy. Garfield
Lindsey, J. H. Bentonville
Love, Geo. M. Rogers
McHenry, W. A. Rogers
Moore, W. A. Rogers
Pickens, W. A. Bentonville
Powell, J. T. Maysville
Perkins, C. F. Rogers
Ramsey, T. C. Gentry
Rice, R. S. Rogers
Rice, C. A. Rogers
Rice, T. M. Avoca
Smiley, J. L. Siloam Springs
Struthers, O. C. Siloam Springs
Steele, R. W. Gentry
Wilson, C. R. Gentry

Boone County.

Blackwood, J. C. Harrison
Baines, Swartz. Bergeman
Bohlinger, John. Lead Hill
Butt, W. A. Green Forest
Evans, D. E. Harrison
Fowler, J. H. Harrison
Johnson, J. J. Harrison
Kirby, F. B. Harrison
Kirby, L. Harrison
McCurry, D. K. Alpena Pass
Poyner, Wm. H. Gaither
Routh, Chas. M. Harrison
Routh, H. L. Batavia
Sims, J. L. Harrison

Bradley County.

Barnett, S. H. Warren
Crow, M. T. Ingalls
Ellis, W. S. Hermitage
Fike, W. T. Warren
Gannaway, C. E. Warren
Green, B. H. Warren
Hartsell, W. L. Warren
Jackson, D. A. Vick
Martin, C. N. Warren
Martin, R. Warren
Roark, N. Warren
Wilson, Geo. Hermitage
Wommack, W. E. Redwater, Tex.

Calhoun County.

Black, C. T. Thornton
Jones, E. T. Hampton
Rhine, T. E. Thornton
Wilson, D. F. Hampton

Carroll County.

Bolton, J. F. Eureka Springs
Donaldson, C. W. Green Forest
Floyd, R. G. Eureka Springs
George, Chas. A. Berryville
Huntington, R. H. Eureka Springs
John, J. F. Eureka Springs
Morrow, F. B. Green Forest
Pace, Henry. Eureka Springs
Poyner, I. M. Berryville
Price, C. T. Green Forest
Reynolds, J. B. Grand View
Sisco, C. P. Osage

Chicot County.

Barlow, E. E. Dermott
Card, Dr. Grand Lake
Curtiss, J. F. Jennie
Clark, B. C. Sunny Side
Douglass, S. W. Eudora
Easterling, W. W. Chicot
McGehee, E. P. Lake Village
Norton, M. M. Lake Village
Tanquarry, Reed J. Lake Village
Rigdon, F. E. Reedland

Clay County.

Cunning, I. H. Knobel
Goshom, L. Corning
Hughes, M. C. Camp Greenleaf, Ga.
Latimer, N. J. Corning
Lunt, J. P. Leonard
Lynch, Richard. Success
Miller, J. P. Pollard
Nelson, F. L. Corning
Newkirk, C. H. Datto
Richardson, M. C. Datto
Simpson, A. R. Corning

Clark County.

Dalv, J. M. Arkadelphia
Doane, S. A. Arkadelphia
Kirby, D. W. Gurdon
Moore, W. M. Arkadelphia
McLain, C. H. Gurdon
McLain, John. Gurdon
May, C. B. Gurdon
Rowland, W. T. Arkadelphia
Townsend, N. R. Arkadelphia
Wallis, J. C. Arkadelphia

Cleveland County.

Bell, J. F. Rison
Carter, J. D. New Edinburgh
Hamilton, A. J. Rison
Hartsill, R. L. Anover
Leoli, Chas. Kingsland
Wilson, H. O. Hagerman, N. M.

Conway County.

Bradley, A. R. Morrilton
Fleming, J. T. Springfield
Goatcher, A. L. Plumerville
Hardison, T. W. Adona
Halbrook, J. Center Ridge
Horton, Neal. Plumerville
Jones, W. E. Morrilton
Jackson, J. H. Center Ridge
Lewis, C. O. Morrilton
Logan, B. C. Morrilton
Patton, J. W. Morrilton

Craighead County.

Alcott, E. Weiner
Altman, J. T. Jonesboro
Burns, J. L. Jonesboro
Baird, J. L. Marked Tree
Barnett, R. M. Black Oak
Bates, A. C. Lake City
Cothern, Capt. Thad. Houston, Tex.
Campbell, Geo. C. Truman
Campbell, Guy. Truman
Coppage, J. M. Lapanto
Crawford, John E. Bay
Fisher, Geo. C. Monette
Grady, N. H. Monett
Hale, C. S. Jonesboro
Haltom, W. C. Jonesboro
Harrison, B. L. Truman
Howell, J. C. Nettleton
Jackson, W. W. Jonesboro
Lutterloh, C. M. Jonesboro
Lutterloh, P. W. Jonesboro
McAdams, H. H. Jonesboro
McDaniels, E. C. Tyroneza
Nowlin, R. T. Lapanto
Nesbith, Frank. Brookland
Paulus, George O. Marked Tree
Pallett, E. M. Jonesboro
Rains, H. L. Jonesboro
Ratcliff, B. W. Jonesboro
Stroud, H. A. Jonesboro
Smith, O. V. Bay
Stephens, F. C. Cash
Simpson, W. S. Bono
Willett, R. H. Jonesboro
Walker, B. F. Nettleton
Waddell, G. Lunsford

Crawford County.

Blakemore, J. E. Van Buren
Bourland, O. M. Van Buren
Campbell, C. J. Mulberry
Dibrell, M. S. Van Buren
Kirkland, Saml. D. Van Buren
Lucas, Giles. Van Buren
Mitchell, J. H. Uniontown
Parchman, W. L. Van Buren
Posey, E. L. Fort Riley, Kan.
Reves, W. R. Alma
Ramey, C. Louisville, Ky.
Sharp, J. C. Alma
Trice, J. B. Van Buren
Wigley, J. A. Mulberry

Crittenden County.

Barton, R. W. Marion
Blue, W. R. Parkin
Hicks, W. P. Earle
Hare, T. S. Crawfordville
Mathews, J. H. Earle
McVay, L. C. Marion
Parker, A. C. Clarksdale
Stevenson, S. M. Crawfordville

Dallas County.

Atkinson, H. H. Fordyce
Cheatham, H. A. Princeton
Harrison, F. E. Fordyce
Hope, O. W. Fordyce
Kelly, M. D. Wattensaw
March, C. J. Fordyce
Taylor, Marvin. Sparkman

Desha County.

Biscoe Gibbs. Pendleton
Cheers, J. T. Tillar
Cheers, D. T. Tillar
Cliatt, J. M. Melwood
DeClark, W. H. McGehee
Furbish, L. P. McGehee
Francis, J. W. Arkansas City
MacCammon, Vernon. Arkansas City
Smith, C. P. Arkansas City
Smith, H. T. McGehee
Stanley, A. C. Tillar
White, B. F. McGehee
White, J. A. Dumas

Drew County.

Baker, J. P.	Blissville
Butler, E. N.	Wilmar
Collins, A. S. J.	Monticello
Corrigan, M. B.	Monticello
Cotham, E. R.	Monticello
Castile, H.	Winchester
Duckworth, F. L.	Monticello
Gates, S. M.	Monticello
Kimbro, S. O.	Monticello
Lisnbee, A. M.	Collins
Pope, M. Y.	Monticello
Smith, E. N.	Collins
Wilson, J. S.	Plantersville

Faulkner County.

Brown, Geo. S.	Conway
Benefield, C. E.	Conway
Brannon, E. O.	Conway
Banitscr, B. F.	Guy
Cureton, H. E.	Conway
Dickerson, C. H.	Conway
Downs, J. H.	Vilonia
Greeson, W. R.	Conway
Harrod, George	Conway
Huddleston, G. D.	Conway
Henderson, G. L.	Greenbrier
McCollum, I. N.	Conway
McMahan, J. E.	Conway
Munn, J. B.	Vilonia
Muse, J. M.	Conway
Summers, J. A.	Mayflower
Westerfield, J. S.	Conway
West, W. J.	El Paso
Watson, T. C.	Mount Vernon

Franklin County.

Akin, W. F.	Branch
Blackburn, B. W.	Ozark
Blakely, T. B.	Coal Hill
Blakely, J. P.	Alix
Bollinger, W. H.	Charleston
Crocker, J. T.	Mulberry
Douglass, Thos.	Ozark
Davis, J. H.	Jethro
Downey, R. L.	Cecil
Gibbous, W. H.	Ozark
Gammill, S. P.	Branch
Hodges, E. F.	Branch
Higgins, J. H.	Altus
Harrod, J. C.	Denning
King, W. J.	Branch
Porter, W. C.	Coal Hill
Post, J. L.	Altus
Warren, G. D.	Ozark
Williams, H. F.	Ozark
Wear, W. M.	Paris

Grant County.

Butler, J. L.	Sheridan
Blakely, M. M.	Sheridan
Caple, C. B.	Grape Vine
Jones, J. E.	Sheridan
Kelly, O. R.	Sheridan
Shaw, J. B.	Sheridan

Greene County.

Baker, E. S.	Paragould
Bridges, G. P.	Paragould
Boyd, D. F.	Paragould
Bradsher, R. E.	Marmaduke
Cohn, Geo.	Greenway
Dickson, N. N.	Paragould
Dickson, P. L.	Paragould
Ellington, Edgar	Paragould
Ellington, W. E.	Paragould
Graham, C. M.	Marmaduke
Haley, R. J.	Paragould
Hopkins, G. T.	Paragould
Hardesty, C. A.	Paragould
Hodginson, J. J.	Marmaduke
Hutehins, R. L.	Dellaplaines
Hutchins, W. P.	Waleott
Kennedy, E. L.	Marmaduke
Lamb, Jones	Beech Grove
McKenzie, J. G.	Paragould
Majors, William	Walcott
Owens, W. R.	Paragould
Scott, F. M.	Paragould
Wilson, Olive	Paragould
Wood, G. F.	Blytheville

Hempstead County.

Alison, Walter G.	Hope
Autry, J. B.	Columbus
B'Shers, H. L.	Little Rock
Cannon, G. E.	Hope
Carrigan, P. B.	Hope
Farrow, W. D.	Hope
Garner, T. J.	Washington
Harris, Robert L.	Blevins
Kalb, E. C.	Hope
Kelly, John L.	Hope
McKinney, Z. H.	Fulton
Russell, M. V.	Hope
Smith, Don.	Hope
Saner, W. F.	Hope
Weaver, J. H.	Hope

Hot Spring County.

Berry, M. C.	Donaldson
Bramlitt, E. T.	Malvern
Cox, J. A.	Donaldson
Hardy, H.	Malvern
Hodges, W. G.	Malvern
McCray, E. H.	Malvern
Norton, J. M.	Friendship
Phillips, R. Y.	Malvern
Williams, J. M.	Malvern

Garland County.

Biggs, Orvis	Hot Springs
Bush, J. W.	Hot Springs
Burton, O. H.	Crystal Springs
Cassada, B. F.	Hot Springs
Connell, W. H.	Hot Springs
Chesnutt, J. H.	Hot Springs
Collings, H. P.	Hot Springs
Cook, A. H.	Hot Springs
Dake, C.	Hot Springs
Deaderiek, W. H.	Hot Springs
Davis, R. G.	Hot Springs
DeWoody, L. C.	Hot Springs
Drennen, C. Travis	Hot Springs
Drennan, D. Edward	Hot Springs
Ellsworth, E. H.	Hot Springs
Ellis, L. R.	Hot Springs
Forbes, W. O.	Hot Springs
Garratt, C. E.	Hot Springs
Garnett, A. S.	Hot Springs
Hallman, V. H.	Hot Springs
Hebert, G. A.	Hot Springs
Henderson, W. B.	Hot Springs
Holland, T. E.	Hot Springs
Horner, J. S.	Hot Springs
Holland, E. D.	Hot Springs
Jelks, F. W.	Hot Springs
Jelks, J. T.	Hot Springs
King, O. H.	Hot Springs
Laws, W. V.	Hot Springs
Lautman, M.	Hot Springs
Minor, J. C.	Hot Springs
Martin, E. H.	Hot Springs
Mobbs, B.	Hot Springs
Mount, M. F.	Hot Springs
McConnell, C. A.	Hot Springs
McClendon, J. W.	Hot Springs
Purdum, E. A.	Hot Springs
Proctor, J. M.	Hot Springs
Rowland, J. F.	Hot Springs
Simpson, W. F.	Hot Springs
Short, E. N.	Hot Springs
Snyder, W. L.	Hot Springs
Steele, S. B.	Hot Springs
Smith, J. W.	Hot Springs
Smith, W. K.	Hot Springs
Strachan, J. B.	Hot Springs
Strachan, H. M.	Hot Springs
Thompson, M. G.	Hot Springs
Tribble, A. H.	Hot Springs
Vaughan, P. T.	Hot Springs
Wilkins, J. S.	Hot Springs
Williams, A. U.	Hot Springs
Winecar, B. F.	Hot Springs
Williams, F. M.	Hot Springs
Weil, S. D.	Hot Springs
Wood, J. S.	Hot Springs
Wootten, W. T.	Hot Springs

Howard County.

Alford, T. A.	Murfreesboro
Dildy, E. V.	Nashville
Hale, A. W.	Nashville
Roberts, J. L.	Murfreesboro
Baldwin, W. S.	Sulphur, Okla.
Burge, H. G.	Oil Trough
Ball, W. F.	Little Rock
Bone, O. L.	Cushman

Independence County.

Case, J. W.	Batesville
Craig, Stark	Batesville
Dorr, R. C.	Batesville
Evans, A. A.	Newark
Evans, L. T.	Mt. Pleasant
Gray, F. A.	Batesville
Gray, E. M.	Lavaea
Hinkle, C. G.	Batesville
Hevden, J.	Jamestown
Johnston, Capt. O. J. T.	Ft. Bliss, Tex.
Jeffery, Paul	Bethesda
Kennerley, J. H.	Batesville
King, K. W.	Floral
Lawrence, W. B.	Batesville
Long, W. J.	Sulphur Rock
Moore, W. P.	Newark
McAdams, V. D.	Cord
Paseoe, V. L.	Newark
Rodman, T. N.	Newark
Roe, J. B.	Newark
Robertson, S. N.	Sulphur Rock
Reaves, L. E.	Salado
Smith, H. H.	Calico Rock
Wyatt, W. A.	Rosie
Wood, T. J.	Evening Shade

Jackson County.

Best, A. L.	Newport
Boyd, F. M.	Little Rock
Causey, G. A.	Swifton
Erwin, I. H.	Newport
Gray, C. R.	Newport
Graham, J. S.	Tuckerman
George, C. E.	Grubbs
Ivy, J. B.	Tuckerman
Jones, O. E.	Newport
Jamison, O. A.	Tuckerman
Kimberlin, K. K.	Tuckerman
Stephens, G. K.	Newport
Slaydon, L. T.	Tuckerman
Walker, H. O.	Newport
Watson, E. L.	Newport
Willis, L. B.	Newport
Wilson, W. F.	Elmo

Jefferson County.

Breathwit, Wm.	Pine Bluff
Blankenship, W. H.	Pine Bluff
Caruthers, G. K.	Pine Bluff
Crump, J. F.	Pine Bluff
Gill, J. F.	Pine Bluff
Glover, C. A.	Pine Bluff
Thompson, A. G.	Pine Bluff
Hankinson, O. C.	Pine Bluff
Hughes, A. A.	New Gaseony
Jenkins, J. S.	Pine Bluff
John, J. W.	Pine Bluff
Jordan, A. C.	Pine Bluff
Lemons, J. M.	Pine Bluff
Luck, B. D.	Pine Bluff
Lowe, W. T.	Pine Bluff
McMullen, E. C.	Pine Bluff
Mims, A. D.	Alzheimer
Palmer, J. T.	Pine Bluff
Pittman, W. G.	Pine Bluff
Scales, J. W.	Pine Bluff
Spillyards, J. S.	Pine Bluff
Shelton, M. A.	Wabbaseka
Tankersley, Grace	Pine Bluff
Troupe, A. W.	Pine Bluff
Williams, Harry	Pine Bluff
Woodul, T. W.	Pine Bluff
Wood, R. P.	Alzheimer

Johnson County.

Barger, M. I.	Lamar
Graves, S. L.	Mt. Levi
Hardgarve, G. L.	Hartman
Hunt, E. H.	Clarksville
Hunt, Wm. R.	Clarksville
Kolb, J. S.	Clarksville
Love, John G.	Hartman
Manly, Robt. N.	Clarksville
Mooney, J. N.	Clarksville
Ogilvie, J. W.	Harmony

Lafayette County.

Baker, F. E.	Stamps
Hoover, A. S.	Stamps
McKnight, J. F.	Walnut Hill
Youmans, F. W.	Lewisville

Lawrence County.

Ball, C. C. Ravendon
Guthrie, T. C. Carlisle
Hatcher, Wright. Imboden
Henderson, A. G. Imboden
Hughes, J. C. Walnut Ridge
Johnson, Wm. Hardy
Land, J. C. Walnut Ridge
McCarroll, H. R. Walnut Ridge
Morris, J. W. Black Rock
Neece, T. C. Walnut Ridge
Ponder, E. T. Little Rock
Robinson, W. J. Portia
Smith, W. A. Walnut Ridge
Swindle, J. C. Walnut Ridge
Stephens, J. M. Hoxie
Smith, F. D. Alicia
Stidham, J. H. Hoxie
Thomas, Earl. Hoxie
Townsend, C. C. Walnut Ridge
Watkins, G. M. Walnut Ridge
Warreu, G. A. Black Rock

Lee County.

Bean, W. B. Marianna
Beaty, W. S. Vineyard
Bogart, H. D. Marianna
Longley, W. W. Marianna
Russwurm, S. C. La Grange
Wall, E. D. Marianna
Williamson, O. L. Marianna
White, Harry. Rondo

Little River County.

Marr, S. C. Ashdown
Mitchell, J. B. Foreman
Phillips, P. H. Ashdown
Ringgold, J. W. Ashdown
Shirey, W. L. Foreman
Stevens, D. L. Foreman
Vaughan, W. E. Richmond
York, W. W. Ashdown

Lincoln County.

Clark, J. M. Furth
Colquitt, S. W. Cummins
Dixon, Chas. W. Douglass
McClain, J. K. Star City
McClendon, J. M. Gould
Tarver, B. F. Star City
Thiolliere, A. C. Varner
Watt, J. D. Tyro

Logan County.

Armstrong, N. E. Booneville
Bennett, W. H. Paris
Foster, M. E. Paris
Hornsby, W. W. Booneville
Harkins, R. A. Ratcliff
Jones, W. E. Magazine
Jones, H. F. H. Magazine
McConnell, S. P. Booneville
Stewart, John. Booneville
Scott, E. E. Booneville
Smith, J. J. Paris
Smith, A. M. Paris
Thompson, H. B. Paris
Thompson, R. C. Spielerville

Lonoke County.

Abbott, C. C. England
Beaty, S. S. England
Butler, O. C. England
Brewer, John F. Kerr
Benton, T. E. Lonoke
Chenault, J. C. England
Corn, F. A. Lonoke
Cunning, Jno. R. Lonoke
Calahan, A. B. Carlisle
Crowgey, W. B. Scott
Fly, T. M. Little Rock
Murchison, A. J. England
Mobley, A. L. Lonoke
Southall, S. A. Lonoke
Thibault, H. Scott
Ward, O. D. England
White, Luther. Coy
Wells, J. B. Scott

Madison County.

Acree, W. E. Marble
Berry, F. O. Hindsville
Callen, C. B. Hindsville
Callen, L. H. Hindsville
Counts, G. D. Wesley
Potts, J. H. Spring Valley
Roberts, D. C. Kingston
Youngblood, F. Huntsville

Miller County.

Beck, E. L. Texarkana
Benton, J. B. Stamps
Baggett, E. A. Dierks
Collam, S. A. Texarkana
Dale, J. R. Texarkana
Dale, J. R., Jr. Texarkana
Dale, Rodney. Texarkana
Dixon, B. E. Texarkana
Fuller, Lieut. T. E. France
Fuller, Earl. Texarkana
Grant, R. L. Texarkana
Hunt, Preston. Texarkana
Kittrell, T. F. Texarkana
Kosminsky, L. J. Texarkana
Lennard, F. M. Texarkana
Lanier, L. H. Texarkana
Lightfoot, J. A. Texarkana
Lee, A. G. Texarkana
Mann, R. H. T. Texarkana
Middleton, B. C. Texarkana
Montgomery, S. K. Texarkana
Smith, J. K. Texarkana
Watts, E. M. Texarkana
Webster, H. R. Texarkana
White, J. N. Texarkana

Mississippi County.

Crawford, H. F. Wilson
Craig, E. E. Wilson
Campbell, J. H. Joiner
Dunavant, H. C. Osceola
Harwell, C. M. Osceola
Howton, O. Osceola
Hudson, F. F. Luxora
Hosey, N. R. Joiner
Hill, E. V. Yarbrow
Johnson, I. R. Blytheville
Lowry, S. A. Luxora
Nall, R. P. Armorer
Prewitt, R. C. Osceola
Sanders, J. F. Blytheville
Turrentine, A. E. Blytheville
Turner, W. E. Butler
Tidwell, J. L. Dell

Monroe County.

Bradley, W. T. Monroe
Gilbrich, A. H. Clarendon
Houston, Matt. Clarendon
Johnson, P. E. Holly Grove
Murphy, N. E. Clarendon
Murphy, F. T. Brinkley
McKnight, E. D. Brinkley
Miller, J. C. Blackton
Stout, T. J. Brinkley
Sylar, T. B. Holly Grove
Thomas, P. E. Jr. Clarendon
Thomas, P. R. Camp Beauregard, La.
Terry, P. D. Blackton

Nevada County.

Arnold, W. E. Prescott
Buchanan, A. S. Prescott
Buchanan, G. A. Prescott
Gee, S. B. Prescott
Hesterly, J. B. Prescott
Hesterly, S. J. Prescott
Reader, A. A. Prescott
Rice, W. W. Prescott

Ouachita County.

Byrd, E. J. Millville
Davison, A. Camden
Early, C. S. Camden
Henry, H. H. Eagle Mills
Mahan, J. M. Bearden
Parifoy, W. A. Chidester
Rinehart, J. S. Camden
Rushing, J. L. Chidester
Sanders, G. P. Stephens
Thompson, J. S. Stephens
Word, N. S. Camden

Phillips County.

Altman, C. G. Helena
Bruce, W. B. Marvell
Brown, E. P. Lexa
Brooks, G. A. Turner
Butts, J. W. Helena
Cox, A. W. Helena
Cox, A. E. Helena
Ellis, J. B. Helena
Eubanks, G. W. Wabash
Fink, M. Helena

Henry, M. Helena
Hall, L. Turner
Holtzelaw, J. F. Foplar Grove
King, W. C. Helena
Kultgeu, Edward. Blane
Lee, H. W. A. West Helena
Meadows, R. C. Marvell
Nichols, J. W. Helena
Orr, W. R. Helena
Owens, M. W. Oneida
Parker, Ollie. Elaine
Rembert, J. C. Helena
Rightor, H. H. Helena
Russwurm, W. C. Helena
Trotter, C. H. Helena
Thompson, H. M. Marvell

Polk County.

Connelly, D. W. Hatfield
Davis, J. R. Fort Smith
Fletcher, T. M. Mena
Hilton, J. G. Mena
Holt, E. E. Mena
Hawkins, B. H. Chickamauga Ga.
Philpott, J. I. Grannis
Watkins, P. R. Mena

Poinsett County.

Alexander, M. S. Wirt, Okla.
Davis, J. C. Little Rock
Yarbrough, E. E. Harrisburg

Prairie County.

Crow, L. M. Des Arc
Ellis, C. A. Hazen
Gilliam, J. C. Des Arc
Hipolite, F. A. Devall's Bluff
Lynn, J. R. Hazen
Porter, T. G. Hazen

Pulaski County.

Arkebauer, C. A. Little Rock
Bailey, W. E. Little Rock
Bathurst, Wm. R. Little Rock
Bentley, C. E. Little Rock
Bond, S. P. Little Rock
Browning, H. W. Little Rock
Caldwell, R. Little Rock
Carmichael, A. L. Little Rock
Cates, Thos. H. Little Rock
Chesuutt, C. R. Little Rock
Dav, E. O. Little Rock
Daly, M. G. Little Rock
Darnall, R. F. Little Rock
Davis, E. N. Little Rock
Dooley, J. B. Little Rock
Dunaway, W. C. Little Rock
Eubanks, R. M. Little Rock
Fletcher, Geo. B. Little Rock
Flinn, H. W. Little Rock
French, F. L. Little Rock
Freemeyer, W. N. Little Rock
Falisi, J. V. Little Rock
Garrison, C. W. Little Rock
Gibson, L. P. Little Rock
Gray, Oscar. Little Rock
Greene, J. L. Hot Springs
Hardeman, D. R. Little Rock
Harris, A. E. Little Rock
Hinkle, S. B. Little Rock
Holiman, J. E. T. Little Rock
Hodges, E. E. Little Rock
Hudson, E. M. Little Rock
Hughes, W. B. Little Rock
Howell, A. R. Argenta
Higgins, Homer A. Little Rock
Jobe, A. L. Little Rock
Johnston, E. E. Little Rock
Judd, O. K. Little Rock
Jewell, I. H. Paris
Kirby, H. H. Little Rock
Kory, R. C. Chattanooga Tenn.
Lamb, W. A. Little Rock
Lee, D. C. Little Rock
Lenow, Jas. H. Little Rock
McKinney, A. T. Argenta
Moore, R. B. Little Rock
McCaskill, M. E. Little Rock
McCormick, A. G. Little Rock
McCurry, W. T. Little Rock
McRae, W. M. Little Rock
Manglesdorf, W. F. Little Rock
May, W. S. Little Rock
Meek, E. Little Rock
Meriwether, C. P. Little Rock
Miller, W. H. Little Rock
Murphy, Pat. Little Rock

Mumey, Nolie.....Little Rock
 Moore, Lt. G. C.....Cammack, L. I.
 Monerief, J. J.....Bigelow
 Ogden, M. D.....Little Rock
 Prothro, H.....Argueta
 Pate, C. N.....Little Rock
 Prothro, E. W.....Little Rock
 Pettus, C. S.....Little Rock
 Revely, S. L.....Little Rock
 Rose, W. D.....Little Rock
 Robinson, F. C.....Little Rock
 Reagan, L. D.....Little Rock
 Runyan, J. P.....Little Rock
 Sadler, W. L.....Little Rock
 Saxon, R. L.....Little Rock
 Scarborough, J. I.....Little Rock
 Scott, C. V.....Little Rock
 Scroggins, J. H.....Little Rock
 Stopp, A. C.....Little Rock
 Sheppard, J. P.....Little Rock
 Smith, Morgan.....Little Rock
 Smith, W. F.....Little Rock
 Snodgrass, W. A.....Little Rock
 Stover, A. R.....Little Rock
 Shinault, C. R.....Booneville, Miss.
 Strauss, A. W.....Camp Pike
 Thompson, G. D.....Little Rock
 Vaughan Milton.....Little Rock
 Wagley, P. V.....Little Rock
 Wilkes, E. H.....Little Rock
 Vinsonhaler, F.....Little Rock
 Walt, D. C.....Little Rock
 Watkins, A.....Little Rock
 Watkins, J. G.....Little Rock
 Wayne, J. R.....Camp Beauregard, La.
 Wayman, A. K.....Little Rock
 Wift, C. E.....Little Rock
 Zell, A. M.....Little Rock

Randolph County.

Brown, J. W.....Pocahontas
 Brown, G. W.....Swartz
 Hamil, W. E.....Pocahontas
 Hughes, W. E.....Pocahontas
 Hall, L. H.....Pocahontas
 Hull, H. B.....Ravenden Springs
 Johnston, J. H.....Biggers
 Johnson, T. Z.....Walnut Ridge
 Johnson, R. R.....Walnut Ridge
 Loftis, J. R.....Maynard
 Schide, Carl.....Pocahontas
 Spikes, J. M.....Swartz
 Throgmoton, H. L.....Pocahontas

Saline County.

Crawford, J. B.....Benton
 Gann, Dewell.....Benton
 Gann, Dewell, Jr.....Little Rock
 Gwaltney, B.....Haskell
 Kelly, W.....Benton
 Melton, J. W.....Slocomb
 Phillips, J. W.....Benton
 Priekett, C.....Traskwood
 Steed, C. J.....Alexander
 Walton, J. W.....Benton
 Ward, W. W.....Alexander

Sebastian County

Bennefield, J. H.....Barling
 Brooksher, W. B.....Fort Smith
 Bradsher, S. L.....Fort Smith
 Buckley, J. H.....Fort Smith
 Bumgart, C. S.....Fort Smith
 Cooper, St. Cloud.....Fort Smith
 Coffman, J. E.....Sallisaw, Okla.
 Dorente, D. R.....Fort Smith
 Eberle, J. G.....Fort Smith
 Epler, E. G.....Fort Smith
 Eberle, Walter.....Fort Smith
 Foltz, Jas. A.....Fort Smith
 Foster, J. H.....Fort Smith
 Foster, M. E.....Fort Smith
 Goldstein, D. W.....Fort Smith

Hardin, A. E.....Fort Smith
 Hoge, A. F.....Fort Smith
 Holt, C. S.....Fort Smith
 Hall, C. W.....Greenwood
 Hunt, W. J.....Hartford
 Johnston, Hugh.....Fort Smith
 Johnson, J. E.....Fort Smith
 Jones, E. B.....Hartford
 King, H. C.....Fort Smith
 Lindsey, E. L.....Fort Smith
 Ludeau, J. E.....Houston, Tex.
 Moulton, E.....Fort Smith
 Morrissy, A. J.....Fort Smith
 Moulton, H.....Fort Smith
 McGinty, J. M.....Fort Smith
 Means, C. S.....Jenny Lind
 Neal, J. Mal, Jr.....Fort Smith
 Ozment, S. J.....Fort Smith
 Parks, R. F.....Bonanza
 Perry, J. T.....Greenwood
 Riddler, P. A.....Fort Smith
 Rose, Willis.....Fort Smith
 Ryan, I. A.....Fort Smith
 Southard, J. D.....Fort Smith
 Taylor, J. M.....Fort Smith
 Wilson, Cons P.....Fort Smith
 Wyatt, R. B.....Fort Smith
 Wood, Clark.....Fort Smith
 Wallace, J. M.....Houston, Tex.
 Wolferman, S. J.....St. Louis, Mo.
 Woods, G. G.....Huntington

Searcy County.

Butler, I. S.....Marshall
 Cotton, J. O.....Leslie
 Daniel, S. G.....Marshall
 Henley, J. A.....St. Joe
 Hamm, S. G.....Point Peter
 Melton, A. S.....Marshall
 Robertson, L. D.....Leslie
 Rodgers, W. F.....St. Joe
 Wood, E. W.....Marshall

St. Francis County.

Alley, W. H.....Forrest City
 Boggart, J. A.....Forrest City
 Boggan, P. P.....Forrest City
 Chaffin, E. J.....Hughes
 Caldwell, A. B.....Caldwell
 Darnall, E.....Widener
 Hall, R. J.....Wheatley
 Merritt, L. H.....Forrest City
 McDougal, J. F.....Forrest City
 McCowan, N. C.....Palestine
 Oliver, R. E.....New Castle
 Pelton, D. A.....Forrest City
 Purnell, R. N.....Madison
 Rush, J. O.....Forrest City
 Reynolds, J. C.....Colt
 Summerford, T. D.....Widener
 Winters, W. A.....Widener

Sevier County.

Archer, C. A.....DeQueen
 Clinghan, A. J.....Lockesburg
 Dickinson, R. C.....Horatio
 Graves, J. C.....Lockesburg
 Guthrie, J. E.....Brownstown
 Hopkins, R. L.....DeQueen
 Isbell, F. T.....Horatio
 Kennedy, J. R.....DeQueen
 Kitchens, C. E.....DeQueen
 Musser, J. F.....Lockesburg
 Norwood, M. L.....Lockesburg
 Owens, A. P.....DeQueen

Union County.

Burns, W. R.....Calion
 Buckley, E. A.....Strong
 Calvin, A. R.....Strong
 Elkins, W. N.....Junction City

Jarrell, Foster.....Huttig
 Mitchell, J. G.....El Dorado
 Moore, J. A.....El Dorado
 Mahoney, F. O.....El Dorado
 McGraw, S. J.....El Dorado
 Murphy, H. A.....Wesson
 Murphy, George W.....Strong
 Mayfield, A. M.....Shuler
 Nichuss, H. H.....El Dorado
 Noland, J. W.....El Dorado
 Purifoy, L. L.....El Dorado
 Rowland, R. E.....Little Rock
 Spear, B. N.....Caladonia
 Slaughter, J. W.....Wesson
 Wharton, J. B.....El Dorado

Washington County.

Batchelder, E. P.....Farrington
 Bearden, J. M.....Sonora
 Christian, D.....Springdale
 Canon, J. S.....West Fork
 Ellis, E. F.....Fayetteville
 Gregg, A. S.....Fayetteville
 Henry, R. T.....Springdale
 Harb, H. T.....Fayetteville
 Hardin, Nina V.....Fayetteville
 Hathcock, P. L.....Lincoln
 Layson, Z. C.....Fayetteville
 Martin, J. E.....Springdale
 Miller, Otey.....Fayetteville
 Mock, W. H.....Prairie Grove
 McCormick, E. G.....Prairie Grove
 Pittman, James.....Cincinnati
 Southworth, James.....Fayetteville
 Swift, Charles E.....Elkins
 Summers, D. C.....Elm Springs
 Wood, H. D.....Fayetteville
 Walker, J. W.....Fayetteville
 Yates, W. N.....Fayetteville

White County.

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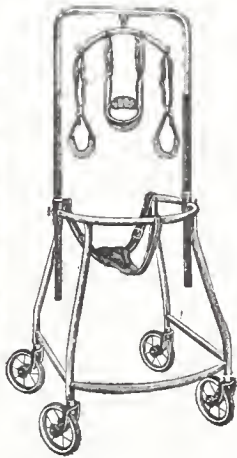
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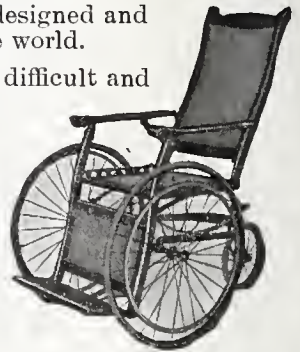
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United States Army Number

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No. 8

Original Articles.

THE DANGERS OF MOUTH INFECTION.

By L. S. Johnson, D. D. S.,
Jonesboro.

The question of mouth hygiene as related to the health of the human body is the subject of my paper today.

Our teeth are covered by a fluid that we speak of as saliva. In this saliva are millions of bacteria—bacteria that are always with us; but against which we are guarded by the natural defences of the body. Unfortunately with the progress of civilization, the character of food that we eat, and various other influences that have brought us back from the state of nature, the teeth of the average individual are soon found covered with calcareous deposit.

In the saliva is a substance known as mucin, which very easily becomes adherent to the surface of the teeth if means are not taken constantly to remove it. In the mastication of rough, or coarse food, the action of mastication and the action of the lips prevent, to a large extent, this mucin from being deposited on the surface of the teeth. But with our method of living, this substance readily adheres to the teeth, and, unfortunately, caught in its meshes are numerous bacteria. This is called a bacterial plaque. You may have a plaque of measurable extent on the enamel of a tooth and yet it would not be apparent to you at first sight. Even the average dentist frequently fails to locate such plaques. They are not seen at first because they assume the color of the enamel of the tooth itself; but when you stain the tooth with an iodine preparation you will find these plaques take up the iodine stain and the enamel of the tooth does not. In this way the dentist and the dental hygienist today can tell where the bac-

terial plaques are on the teeth. The formation of these plaques is the means by which the decay of the teeth takes place; because these bacteria give out a form of acid that affects the enamel and breaks through the coat of mail which the enamel is to the tooth surface itself.

I do not intend to go further into this subject, except to impress upon your minds the reason we place so great importance on the continuous cleansing of every surface of the tooth; as this is the greatest protection that we have against decay. As the decay of the teeth proceeds to any great extent, it advances until it comes in contact with what is commonly spoken of as the nerve, and which we speak of as the pulp of the tooth. After awhile (especially in children) we find, before we know it, that they have a tooth in which the pulp has become devitalized, and the next result is an abscess in the jaw. You are all familiar with that phase of abscessed tooth, frequently spoken of as ulcerated, where the face swells up, and which usually terminates in a large outpour of pus. Now, this is nature's way of curing and when it relieves itself by this discharge of pus in the mouth, nature, to some extent, has taken the place of the dentist and physician.

But it has only been since the use of the x-ray in our work that we have found in a large number of abscesses resulting from devitalized teeth, in which no symptoms of supuration are shown, there is not pain, and the individual never knows that the pulp of the tooth has died. But the abscess is there, and from the abscess small amounts of poison are distributed through the entire system every hour of the day. All kinds of diseases can be produced by this, such as appendicitis, heart disease, gall-stones in the liver, arthritis, and other serious troubles too numerous to mention. When we see people with hands, fingers

and joints in horrible twisted shapes, we realize how important it is that these conditions should be prevented. I do not say that all these diseases come from infection in the teeth, for a large portion are due to infected tonsils and from other infections; but the proportion from abscessed teeth is large. A dentist is in position to see the tonsils of every patient for whom he works; and I do not fail to call their attention to the fact, if their tonsils are diseased, and advise the removal of same. Of course, I tell them the evil effect they may have on some other part of the system or body.

Dr. M. L. Rhein, of New York, one of the most prominent professional men in the whole United States (he is both M. D. and D. D. S.), says: "I have seen children of ten and twelve years of age with valvular diseases of the heart due to nothing but the dead pulp in some tooth." As we grow older we have a certain amount of immunity until the age of maturity is reached. We never know, however, when we may lose this immunity and I have seen people with abscesses in their jaws, with a collection of them, who boasted of the fact that they never troubled them for twenty years or more and then suddenly break down and die of heart disease because they have reached the point where the immunity period is passed. This is by the way of making you appreciate the great value of a healthy mouth.

You all have heard of the condition known as pyorrhea alveolaris, where the teeth loosen and finally are lost, generally without decay being present. This is due to the defective circulation of this ultimate point where the arterial blood should return as venous to the heart. When the tooth brush is properly used, it not only brushes the teeth but massages the gums. It is very important that the teeth should be brushed after each meal. After the food has remained in the mouth for a few minutes it ceases to be food in a true sense. It becomes waste matter and consequently as soon as possible after partaking of food, the individual should cleanse his mouth. The great point is to teach the individual to do this efficiently. Another point I want to call your attention to is the importance of the preservation of the sixth year molar. This sixth year molar is the first of the permanent set of your teeth and appears just back of the last temporary molar in both upper and lower jaws. There are four of

these and they are termed the keystone of both upper and lower jaws. They make their appearance so early in child life that fully 95 per cent of the mothers think they are only the first set and do not have them filled, consequently the decay soon finds its way to the nerve and the poor child suffers so much that its mother seeks the advice of the dentist. In most cases it is too late to do anything to relieve its suffering except to extract it. Very few can be treated because at this early age the roots are not fully developed. Now, this is the main point that I want you to know. A physician is just about the first acquaintance a baby makes when it makes its advent into this world, and he is called a great many times to see this same baby during its first six years of life and most every time you are called to see this baby you will look into its mouth. Now right here is the time you could also glance at its teeth and at once recognize whether it needed dental attention or not. If it does, you are the man to tell its mother so, for she has great faith in your advice. Now, I lay this loss of sixth year molar at your door in at least 75 per cent of the cases; for we dentists never get to see them till the tooth is aching and nothing else can be done to relieve its suffering but extraction. Speaking of unclean mouths, the following is the experience of a certain dentist who tells the story: "A middle aged lady of good appearance presented herself at my office some time ago and as I advanced into my waiting room to greet her I noticed at once that one side of her face was decidedly more prominent than the other. Instantly, inferring that I had an abscessed tooth to deal with, I was surprised to hear her state that she was wearing false teeth. 'Doctor,' said she, 'can false teeth grow?' I assured her that I never knew of any of my make to take root in the mouth to that extent. 'Well,' returned she, 'mine are certainly growing. Something is wrong with them anyhow, although I don't see why there should be, for I have only worn them seventeen years. Just look at my face,' she went on, 'my mother wore her teeth for thirty years and they never made her face look like this.' I finally got her seated in the chair and removed the upper plate. At the heel of the plate and over the molars opposite the mouth of Stinson's Duct, was a deposit of calculus that must have been in process of formation for years and was almost as large as an English walnut. I pried at it gently

with an instrument and it came away in my hand. I am keeping it as a curiosity. It is the largest single accumulation of tartar that I have come across in my whole experience."

AVOIDED SUBJECTS.*

Chas. H. Cargile, M. D.,
Bentonville.

It is undeniable that there are matters pertaining to the sexual organs and their abuse which deserve to be discussed and made plain to youths and some adults. It is also true that it is the duty of physicians under some circumstances to volunteer information to such as need it, and to impress parents with the importance of the subject to the end that they may by timely and early instruction save their children from errors. Unfortunately there are many in our profession who pooh-pooh these matters. The writer was one of these until personal observation forced conversion.

Thus initiated into the subject I have in a desultory manner pursued the study, becoming all the while more and more convinced of its importance.

In the investigation of patients suspected of masturbation, sexual excesses, and abuses of like character, the first essential is to win the patient over to the belief that the physician is sincerely interested in his or her welfare. This requires tact, patience and honesty of purpose. Having gained the patient's confidence we can say: "I have treated you for some time, but, as both of us know, without success. Perhaps my investigation has not been thorough; possibly we have not been sufficiently frank with each other. For your good, will you permit me to inquire about a matter, a delicate one, which is frequently the cause of ill health? Whatever you may say will be held in the strictest confidence." Not one of those to whom I have thus spoken has been offended. Rather, if guilty, they have become penitent, communicative, and told their whole experience.

Mothers cannot be used as go-betweens because of their lack of tact, and because most daughters are very unwilling for their mother to know of their errors. However, it is proper to secure their approval before mentioning such matters to young girls, but always with

the understanding that the mother must not expect to be informed of the result, because a promise of absolute and strict secrecy is a prerequisite to a confession.

Besides being tactless, mothers are so timid and delicate in their manner of discussing such things that they too frequently fail to make themselves understood. This is shown by the following case:

A mother consulted me about her 16-year-old daughter, who accompanied her to my office. I suspected masturbation and so informed the mother, but she insisted that such could not be the case, because, as she said, she had warned her daughter when she was only 12. Thus passed the matter with some further treatment by me and several other physicians. When about 22 she returned to me unaccompanied by her mother. Because of her increased age and even worse health, I ventured to mention the matter to her. With confusion and embarrassment she declined to reply, except to say that she might do so on her next visit, and at the same time she requested me not to mention it to her mother. When she returned, in tears, grief and embarrassment she confessed, telling how she had done so since childhood, first with her finger and later with the handle of a pattern tracer. She was so penitent that she proposed to show it to me, and did the next visit. The handle was of wood, with a bulbous extremity and smoothly painted. Her own statement as to the frequency left no doubt about the cause of her ill health.

She gave a negative answer to my inquiry whether or not her mother had warned her of the evil habit, but later corrected it by saying that long before her mother had said something, but because of her nice way of expressing it she had failed to make herself understood and that now for the first time she comprehended.

In early life parents ought to teach children the sin of illegal intercourse. Also they should early teach them the prevalence and horribleness of venereal diseases and of their obstinate resistance to treatment.

Unfortunately, too, many boys have been deluded by the oft-repeated untruth, "Gonorrhea is no worse than a bad cold." Likewise the exaggerated claims made for salvarsan have made some less cautious of venereal risks.

Every marriageable woman ought to know that "once gonorrhea, always gonorrhea," is

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

too true, and that the man whom she loves, trusts and marries may infect her although he may have been symptomless for years. She should know, too, that her offspring may be syphilitic, and blind by reason of gonorrhea.

Too frequently physicians know of the marriage of young men who only recently had had gonorrhea, and who had been duly warned against marriage. There should be laws providing punishment for such, and forbidding marriage licenses to all who cannot present proper health certificates, definitely stating that the applicant has been found absolutely free of syphilis and gonorrhea. This would go further than all else toward abolishing prostitution, because men would fear being barred from matrimony. These matters and those for the correction of the divorce evil ought to be under the supervision of the Federal Government.

I am here reminded of the case of a young wife who before marriage was very jolly and vivacious, but who not long after underwent a great change. She seemed to have lost interest in everything. No more was she seen in company, on the streets, or elsewhere outside of her own home. She had become a recluse. Under this condition she consulted me. Failing to find cause for her ill health I commented on her seclusion and advised her to go out more and to again engage in the affairs of the town as before. To this she replied there was too much to overcome. I observed that she was struggling against embarrassment to tell me something. A little tactful assistance brought out the following sad experience: She said that before marriage she had experienced strong sexual desires, and that after her engagement she had looked forward to great pleasures, but that alas, all was disappointment. With a little more help she told how with each intercourse she was more and more disappointed because each time her passion became more and more obtunded until finally obliterated, and even worse, until the mere suggestion of the act became disgusting and revolting. All this, she said, was because her husband finished just as she was about to experience the orgasm. It is interesting to note here that not long before marriage her husband had applied to me for treatment for premature ejaculation caused, he said, by gonorrhea and sexual abuses. Thus we see, as is too often the case, that a good wife has to pay the penalty for her husband's misdeeds.

What is our duty when husbands come to us for treatment of venereal diseases? By all means advise them to go straightway and make an honest confession and abstain. By any other plan it is probable that the wife will become both *wise* and infected, which would make his predicament even worse and that of his wife incomparably so, to say nothing of the unrest of his conscience, if he has one.

The evils and sequelae of masturbation and of sexual excesses in early wedlock do not cease with reformation. On the other hand, they continue throughout life by reason of the changes they bring about in health, disposition, temperament, and capacity for sincere devotion without which marital happiness is impossible. This was forcibly illustrated in the case of a wife of about 30, the mother of three children, who inquired of me whether or not she could talk with me about something out of the ordinary without losing my respect. Observing her hesitancy, I suggested that she have her husband do it. To this she objected, saying that what she wanted to say must never reach him.

Her story was about as follows: In early girlhood she had experienced the sexual sense very strongly, so strongly that at times she had been uneasy for her own safety. Later she observed it was fast departing, and as she believed, was the result of masturbation. Before marriage she had ceased to experience the least desire, even for the man she loved and expected to marry. The day before marriage her mother requested a private talk with her in which she told her daughter of her own experience, how her married life had been sad and unhappy, and how she wanted to help her daughter escape such experience. She said that she had never experienced any sexual pleasure, and that she had early made the mistake of telling her husband. After awhile she had occasion to complain of his having improper relations with others. He defended himself on the ground that he had lost all desire for her because of her indifference and passiveness during the sexual act. She admonished her daughter to pursue a different course, that is, if unfortunate like her mother, never to let her husband know it, but to pretend enjoyment. She concluded by saying that no one who had not had to act thus for thirteen years could imagine how hard and wearing it had been. She said everything which even suggested sexual matters was re-

volting to her, and stressed the fact that it was not so much the sexual disappointment as it was the falsehood which she had been continually living that hurt her most. Here we have a forceful example of the lack of early teaching and of wise later maternal advice.

Contrary to popular belief, masturbation is probably more prevalent among females than males. This is attributable to two circumstances. Once a boy experiences the orgasm in the natural way he more or less loses his desire for the unnatural. Girls and unmarried women by reason of their greater virtue, surroundings, and fear of pregnancy, continue the habit. Is it not probable that many of the proverbial peculiarities and whims of maiden ladies are correctly attributable to masturbation?

There remains for consideration another avoided subject which in importance and frequency surpasses the three foregoing combined.

It involves what should be the most sacred principles of morals, and the stability and future of our beloved republic. Not the future alone but the very present, *race suicide*? *Yea National suicide*.

Ordinarily the discussion of this subject before a body of physicians would be limited to its medical aspect. Not so now when it is the most potent factor against us and our allies and in favor of our enemies in the present world conflict between democracy and autocracy. Behold France, perhaps the most guilty of all nations, in her self-invited weakness, trying to save herself and the rest of the world from the brutality and onslaughts of the Teutons, who in the matter of reproductiveness can be properly likened unto guinea pigs and white rats. Notwithstanding she had the knowledge of this evil and its consequences brought home to her most disastrously in her war with Germany half a century ago, she refused to heed the lesson. Today it is being burned deep into her very flesh. Will she continue in her folly? Will she again reject the lesson? Will her allies continue in their effort to snatch from her the championship of race suicide? Will the people of the three allied nations continue in the evil and folly of preventing pregnancy and destroying their own unborn babes, while the arch enemies and conspirators against world peace and happiness continue to rapidly increase in man-power, all the while preparing for another conquest?

Observation of the present world war compels the conclusion that deceiving the world as to their real man-power has been no small part of their secret preparation for it. How else can be explained the fact that now, after having lost so many by both capture and death, they have an overwhelming majority on the western front and besides enough to over-run Russia and contend with the allies in the Balkans? Indeed we are led to wonder whether or not they now have a greater man-power than was believed by statisticians at the beginning of the war.

What is race-suicide? It is the impeding of the normal birth-rate by preventing pregnancy and destroying unborn babes.

Prevention is wrong, because it is prolific of ill-health; is in contravention of the laws and designs of nature and a violation of God's command, "Be fruitful and multiply." David said, "Children are an heritage of the Lord; and the fruit of the womb is his reward."

Bad as is preventing pregnancy, incomparably worse is the taking of the lives of helpless and defenseless unborn babes who cannot cry out for protection against the murderous hand of a conscienceless parent or a mercenary doctor.

The writer has for many years been very deeply impressed with the frequency and atrociousness of this crime and has made it a purpose to inquire of physicians representing widely distributed sections, and all alike have agreed that race suicide is very prevalent. Equally unanimous have they been in believing that not the professional abortionists only are guilty, but also very many members of our medical organizations. If there is a physician present who has engaged in general practice for a few years, who has not had experience and observation which were all-sufficient evidence to him that an abortion had been committed by a fellow physician, will he please rise and stand long enough to be seen, for he is truly a curiosity. If it is true that so many are venal, the realization of the fact brings feelings of professional humiliation to every honorable and right-thinking physician. God speed the day when such as will not desist from the practice of this evil shall have their memberships cancelled and their licenses revoked, and ours again become worthy of being included among "the honorable professions."

Shame on the physician, who, contrary to the teaching of embryology that life is ever

present from conception to birth, tries to excuse himself on the ground that there is a certain period, as quickening, before which the destroying of a fetus is not murder; and even worse, panders to such sophistry when called on to commit abortion. He who adopts such, knows too well his insincerity, and becomes doubly guilty. The best that can be said of such is that he is either too ignorant to possess a license, or too wicked to be outside of the penitentiary walls.

Some quite incompetent physicians hold a good share of their patronage by reason of their willingness to commit this reprehensible crime. It is truly comforting to a physician to know that he has never made a cent by criminal abortion.

Those who doubt the prevalence and growth of race suicide, to be convinced, have only to investigate the past and present of their own towns and cities. Three generations ago large families and healthy wives were the rule, and childless ones exceptional. How different today when there are so many childless families, and so many more with only one or two children. As a rule large families are found among the poor, thriftless, and ignorant people, especially foreigners. How at variance is this with well established rules of improving domestic animals by breeding the best strains. Let us not forget that "Like begets like," ere we find our country dominated by ignorance, superstition, anarchy, socialism and else.

However much we of the medical profession may know of the prevalence of race suicide, it is probably but a small per cent, because husbands, wives, midwives, neighbors, and druggists, are very frequently the active offenders.

Likewise, however much we may know of the ill health consequent on these, doubtless it is a minimum of the whole. Legions are the women who are consuming themselves with trying to prevent pregnancy. What physician has not, after having long and unsuccessfully treated women, married and single, discovered that prevention or destruction was the real cause of the condition, and too in the very families in which such would have been least suspected. They even deceive us with falsehoods, little knowing the wisdom of the adage, "Tell your doctor and lawyer everything."

Wives and husbands when requesting help of physicians in these matters plead the inconvenience of pregnancy, dread of travail, the bother and trouble of motherhood, the

foregoing of society, clubs, etc., and their financial inability to raise and educate children. They overlook the future, little thinking of old age to be spent in solitude, and perhaps want, and without the tender sympathy and love which wealth cannot provide, and which children only can bestow.

So much for this malady. What of the treatment?

First and foremost should be the awakening of the public conscience as to the enormity and criminality of race-suicide; the arousing of our nation to the realization of the fact that our very national existence is threatened by it; the early cultivation of the maternal instinct; the teaching of the danger to health and life of all preventive and destructive practices; that it is sinning against God, that it is in contravention of the designs of nature and of the laws of procreation, and that whoever violates will surely be called upon to pay the penalty.

When physicians are requested to take any part whatever in either prevention or destruction they should take a firm and inexorable stand against it. Their duty does not cease with refusing. They should painstakingly explain everything connected with the matter. Women should be made to understand that life is ever present from conception to birth, that there is no fixed period, as quickening, before which the taking of life of an unborn babe is not murder, murder of the vilest kind. They should be shown that the legal distinction, with the quickening as the dividing line, is arbitrary, unscientific, and contrary to the teaching of embryology. Some forego abortion when informed that all abettors and participants, even the women themselves, are legally guilty and liable to imprisonment. Special stress should be placed on the dangers to health and life. Could they know that much of the ill health of their friends is attributable to prevention and abortion, many would desist.

Were we of the medical profession to reverse our rule of conduct in the matter of secrecy when we become possessed of knowledge that the life of a fetus has been taken, much good would be accomplished. Could the public know that many women die from abortion, fewer would be the number clamoring for it.

What is our duty under the circumstances? Should our much abused custom of professional secrecy be permitted to protect mur-

derers? Surely not. Not many months ago a man was sent to the penitentiary from Benton County, for having killed the one-day-old babe of his unmarried sister. His plea was that he did it to protect her character. If this was murder, and it was, what would have been the difference had he destroyed it one day before birth? None will deny that it was at that time a living human being, and so on the argument can be pursued to the moment of conception without finding any definite period when it was appreciably less alive than on the preceding day. It happened in this case that a physician learned of the murder and reported it. What would have been his duty and course had he learned of its destruction by abortion committed the day before it was born? The week before? The month before? Or at any time even to the day of conception? To have acted differently would have been hair-splitting indeed, a distinction without a difference. However sacred the duty of physicians in the matter of professional secrecy, it should cease when they become aware that the life of an unborn babe has been taken.

Candor compels confession that the writer has not practiced what he preaches. However, he has seriously considered it. It were well if there were a law with adequate penalty requiring such to be reported.

Much might be accomplished were we to cease signing death certificates which while not strictly untrue, do not include the whole truth, indeed exclude the most important part of it, as when we resort to "Blood poison," that much abused cloak under which is often concealed much ignorance and crime.

Because the medical profession is responsible for very much of criminal abortion, it behooves us to take a strong and positive stand against it. In no way can we accomplish more than by cultivating a proper attitude toward it. Would we make our profession an efficient factor against it we ought first of all to refuse professional recognition to the guilty. Their licenses should be revoked, their membership in medical organizations cancelled, and especially should they not be elected delegates to annual meetings as on this occasion. By the creation of a fund by our organization to be used in paying rewards to those who may secure conviction of offenders, much might be accomplished. The writer would gladly contribute one hundred dollars

to it provided the total be not less than one thousand.

A physician has several times dissuaded patients by relating the case of a husband who abetted his wife in self-inflicted abortion, notwithstanding he (the physician) had painstakingly remonstrated with both, especially warning them of the danger to life. During her fatal illness the husband was so distressed that he himself predicted that he would become insane should she die. Within a few weeks after her death he was carried to an asylum.

Unfortunately some are so intent on destroying their unborn babes that they reject all arguments.

In view of the facts that public sentiment is such as it is, and the failure of State courts to enforce laws against these offenses is the rule, the whole matter should be taken over by the National Government. This course seems imperative if our nation would properly increase our man-power, and escape foreign invasion and especially Teutonic domination. Would we do this it behooves us to forego what more or less has been our national policy of depending on immigrants of whatever character and from whatever country for much of our increase in population instead of permitting nature to go unrestrained. By this plan, and by it only, can we hope to substitute homogeneous citizenry for our present heterogeneous mass of all kinds of political systems and dogmas, socialism, anarchy, I. W. W.'s, and even worse, all of which are proverbially very prolific.

Would we preserve our country and its cherished institutions for the establishing of which our forefathers died, we must cease obstructing nature. Would we prepare to resist foreign invasion and the well-known and evil designs of Germany it is incumbent on us to grow up a large citizenry brimful and running over with red-blooded Americanism, who would quickly volunteer by the millions for the defense of our country and its institutions, instead of the present humiliating spectacle of so many almost breaking their backs in trying to escape military service.

Unfortunately it has been the lot of the writer to serve on the Exemption Board of the Western District of our State where he has had to witness many disappointing things which have humiliated his national pride.

Whatever we may think of the Kaiser, let us emulate his teaching, his boasting, and personal example as the head of a large family. Years ago Theodore Roosevelt foresaw the result of race-suicide on our future man-power, and advocated reform. His large family and several sons now in France attest his foresight and consistency. Whatever may become our zeal for increasing our national birth-rate, let us not adopt "German Kultur," illegitimacy, which is said to have imperial sanction.

Welcome indeed should be the day when large families become the rule; when it would be unpopular to head a small one; and when loyalty and national spirit would be more or less judged by the largeness of a family.

With so many women practicing prevention and clamoring for abortion there seems good reason for fearing the result of woman suffrage on race suicide. Already the suffragettes are engaged in acrimonious discussions about increased and decreased birth-rates, with organizations pro and con.

Parents frequently argue that children, or more children, are not desired because of inability to properly care for and educate them. This economic plea could be met by national legislation, which would provide pensions for mothers to be increased on a graduated scale with the birth of each child. Revenue for this purpose should be raised by special tax on bachelors and married men with few or no children, inversely graduated according to the number.

DISCUSSION.

Dr. C. S. Pettus (Little Rock): I feel much honored to have been asked by Dr. Cargile to open the discussion of his interesting paper. I did not have an opportunity to study the paper as closely as it should have been studied that I might discuss it as intelligently as the paper deserves; therefore, I shall follow my own thoughts, stimulated on the impulse of the moment.

As he suggests, masturbation is a question of more importance than the average physicians considers it to be. It has caused more serious end products from a neurological standpoint than any one thing that we deal with in sexuality. The statement is pathetic that it is a question that cannot be dealt with in an ordinary way.

The constant masturbator is not a normal individual and is not to be depended upon in any sense. Rarely does he tell the truth when questioned about this habit.

It is truly a question of psychology. It is unfortunate that the profession so often overlooks the value of psychology, which is not only of value in dealing with masturbation, but in the deciding of many diseased conditions, especially of nervous and mental origin.

As to psychology, I might digress to say that in many conditions psychology is as important as pathology in arriving at a substantial decision. As to how to deal with masturbation in both sexes, it is a question that depends entirely upon the individual you are dealing with. There is no condition which we are called upon to treat that demands more tact, more thought, and more interest to get facts and tendencies of the patient, through which alone an intelligent idea as to treatment can be reached. I fear that this is a question of more magnitude than most laymen and physicians appreciate. It is impossible at this time to go into this subject as thoroughly as it might be gone into.

The paper affords so much to which I might refer that I am at sea in just what way to discuss it. All of the questions that it deals with are of vital importance. His title is "Avoided Subjects." It is unfortunate that this expresses largely the truth. Why such important questions are to be avoided is due largely to the natural vulgar tendencies of human nature, and the inability to appreciate the many pitfalls that illegal intercourse leads to, all of which might be eradicated, which can only come through discussing the question in an interesting and decent manner. This should impress us to deal thoughtfully, practically, intelligently and honestly with these questions in order that the standard may be raised above the humorous vulgarian whose mind is so polluted with animal thoughts that when a person mentions these subjects, he thinks only of the ugly side of the question.

As to the importance of sexuality, the world has much yet to learn. You all know that there is not a normal man who has ever lived but that much of his time was spent thinking of this question, which is somewhat illustrated by an occurrence which I may relate. A crowd of gentlemen were at a restaurant sitting around the table and waiting their ordered dinner. As soon as the order was given and the waiter retired, one of the gentlemen spoke up saying, "Well, let's start the subject, go on and tell what you are thinking about. We all know the thoughts of the other fellow." And the conversation immediately drifted into sexuality.

This question is thought of by men in two ways—in the most sacred way and in the most contemptible animal way. The vulgarity demonstrates the animal. Even the scoffer cannot deny the sacredness of legitimate sexual intercourse. This being true, it is sad that when the discussion is brought before a body of men, the first thought is something animal-like and vulgar. It is unwise for a younger man to deal in this subject, because many think it is a subject only to be learned through the experience of the libertine, and for a man to know too much about it subjects him to suspicion. As a matter of fact, every doctor who has graduated from a reputable college should be able to discuss the subject as he would the pathology and symptoms of pneumonia.

I wish I might impress upon the minds of those who say the question belongs to sentiment and not to science, those who speak in no delicate terms on this question when he mentions it and those who consider it a question that will naturally come to man by intuition and no tutorage is necessary, how thoroughly wrong they are, as such people have held back the teaching of this important question, becoming responsible for ignorance and causing much disaster.

It gives me great pleasure to find a man such as Dr. Cargile, one that we all honor, a man whose life is an open book to bring to this society a message so valuable in the delicate way he has. As to the value of the paper, it is a paper which is entitled to the most serious consideration. I wish I might discuss it as it should be, which is practically an im-

possibility, as I did not have time to study the paper, having been asked by the Doctor just a few minutes ago to open the discussion. The short time necessitated my looking over the paper hurriedly.

There is just another point I want to mention, that is race suicide. Many times the wrong idea is had about race suicide. Abortions, it is true, is one method of race suicide, but I consider that a small factor in comparison with those caused by venereal diseases rendering so many women sterile, some of whom are among the noblest of their sex, rendered in such a sad state by their unfaithful husbands as a consequence of ignorance on his part. Considering this question, the elimination of venereal disease is as important as putting the abortionist out of business.

There are some women who are determined to have abortions. We would hardly be able to stop them. As to my own opinion, I think it best that such women should hardly be allowed to bring to this world such offsprings as they would offer, run-down, dejected humans, most of whom would develop into criminals. I place the woman who seeks abortions and the man who performs them in the same class. Any man who will willingly abort any woman, I care not who he may be, unless it is to save a life, is a criminal of that type most dangerous to society and the Government. It is unfortunate that we cannot rid our profession of the abortionist. If he is caught, send him to the penitentiary. It is the only way in the world we can stop such a pernicious practice.

The abortionist is a criminal, just as the train-robber, just as the bootlegger, and just as the cut-throat thief, and should be dealt with accordingly. We have them in our profession, and as long as the world lasts, we will continue to have them. This condition warrants extreme activity on the part of the profession to stamp it out.

Dr. W. M. McRae (Little Rock): I would just like to add one little thought to this paper, which has been so well rendered and so well discussed, and that is extra-genital infections in young people, which, I don't believe, was brought out very thoroughly. That has been brought to my mind a number of times in practice, where young girls and young boys have gotten infections outside of a sexual way.

Not very long since, a girl, who is known to be a virgin and a good girl, appeared before me with a chancre on her tongue, gotten, of course, by kissing her sweetheart, who had syphilis, to my certain knowledge. I would just like to add that one thought to this paper that Dr. Cargile has read, as to the dangers of extra-genital infections, and the warning that should be given to young men and young girls that these infections can be acquired other than in a sexual way, and explain to them how they can contract it in ways other than a sexual way.

(Name not given): The point that I wish to bring out is this: we know that when a person is invalid, either a child, youth or grown person, there is not much energy. Now, when we speak of the masturbation habit, we must speak of it in the light of energy penned up. Now, if this energy, which is in this child, or in this youth or in the grown person, must be used or must be misused. We know that it is owing to environment and owing to surroundings; at least, I cannot believe that masturbation is a disease. I can't conceive in my mind such, but I be-

lieve that masturbation is caused from the force of habit, and this habit is caused from the force of thought, and, of course, this thought is energy that is misused and misapplied. But, I believe, if every layman with the assistance of every doctor, took up this subject of literature circulating through the country and saw that every individual got hold of good literature, that would purify and cleanse the thoughts of the people who use foul and vulgar language constantly before our children, if we could bring about a source of cleansing by which we could cleanse the field of our environment, we would make a big step towards getting rid of this evil.

Now, take this institution here. This is a noble institution, one of the noblest ever conceived, the Y. M. C. A. The object of the Y. M. C. A. is to cultivate and strengthen and draw out and develop the mind, and make the individual a useful citizen, and see that the energy that he has is applied in the proper way.

Now, I don't believe that the laymen do not take as much interest in studying the conditions and everything by circulating good literature, building up Sabbath Schools and ennobling secular institutions, and educating the people to bring them up to the highest moral standard. I believe if every one would do that, bringing it before the children and those that are growing up, it would bring about a race of people that we do not see at the present day. I believe in the education of the mind; drawing out the mind and bringing it up in an educational way and developing it in that way. I believe that education and building up the moral environment and all of that is the only thing to save the younger generations of those that are addicted to those habits of masturbation.

Continued from page 161.

dent who is taking his initial course in gynecology. Part III is devoted exclusively to the technique of gynecologic surgery and is written for the assistance of the advanced student and practitioner.

SURGICAL TREATMENT. A practical treatise on the Therapy of Surgical Diseases for the use of the Practitioners and Students of Surgery. By James Peter Warbasse, M. D., formerly Attending Surgeon to the Methodist Episcopal Hospital, Brooklyn, New York. In three large octavo volumes and separate desk index volume. Volume I contains 947 pages with 699 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Per set (Three volumes and the Index Volume), Cloth \$30.00.

This work supplies the surgeon with the means for rendering help in every surgical condition under all circumstances. It is easily accessible and its application practical. The author endeavors to inspire the reader with the spirit of originality, teaching him not only how to do, but suggests new lines of action, to set him to thinking on the problem of treatment from his own viewpoint.

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

CONSTITUTION OF THE ARKANSAS MEDICAL SOCIETY.

In this issue of the Journal will be found the Constitution and By-Laws of the Arkansas Medical Society brought down to date by incorporating a few amendments made since 1914. For the most part the changes are unimportant, but special attention is called to Section 2, Chapter IV, relating to the representation in the House of Delegates. This is amended to read that each component county society shall be entitled to send one delegate to the House of Delegates for every twenty-five members and one for each major fraction thereof. *"provided that its annual reports and assessments are in the hands of the Secretary thirty days prior to the annual meeting."*

Each component society, however, is entitled to one delegate regardless of the number of members, *"provided the above section is complied with."*

Members will therefore see the importance of the prompt payment of dues and secretaries will understand the importance of compiling reports in ample time.

If reports are not made and delivered to the Secretary on time, delinquent societies will be denied representation at the annual meeting.

As the secretaries of county societies cannot well make out their reports and send in assessments if individual members have not paid up, it is up to the individual member to be prompt.

The other amendments raise the bonds to be given by the Secretary and Treasurer, each from \$1,000 to \$3,000; change the time of the reporting of the nominating committee and the election of officers from morning to afternoon of the last days' proceedings; eliminate the words, "who is a graduate of a medical college" as a condition of membership and provides that a member moving from one county to another may transfer his membership without cost to the roster of the society in the county to which he moves, *provided, "that the request be made within twelve months of such removal."*

Those are the amendments made from time to time, but, as said before, the one really important is the amendment setting forth the eligibility of county societies to representation.

OUR ANNUAL MEETING.

This is the January number of the Journal. There will be only three more issues after this before the Annual Meeting, which will be held in Little Rock May 20, 21, 22, and of which much is expected. This is mid-winter and the annual meeting is in flowery May. We are apt to overlook what seems to be a long time off. But with only three more issues at our disposal before the meeting, it is not too early to call upon members to prepare papers to be read and discussed. The average physician has been a busy man lately and must prepare papers in what leisure hours he can find.

The May meeting should be a very important one. Doubtless many of our members now in service, both overseas and in home cantonments, will have been released by May and certainly they will have interesting messages to deliver. The surgeon will have had experiences in a few months which he could not acquire in private practice, in his whole life. Again, the physician in active service in the base hospital from some cantonment will have had his medical experience tremendously enlarged in attending camps of thousands of men. Such physicians should be able to tell those of us who stayed at home many things of value and interest.

Let all members who can prepare papers get busy now. Give what you write plenty of time and care. Hastily prepared papers are not desirable. We want papers worth the time and attention of all who attend. Many members attend our meetings at a personal sacrifice and attendance should be made worth their while. Early as you may consider it, it is not too early for all who prepare papers to notify Dr. A. L. Carmichael, Little Rock, Chairman of the Program Committee, or the State Secretary, Dr. C. P. Meriwether, Little Rock.

Abstracts.

PNEUMONIA.

The epidemic of pneumonia following influenza at Camp Logan, Texas, is the subject of a preliminary report by J. N. Hall (Denver), M. C. Stone (Springfield, Mo.), and J. C. Simpson (Hamburg, Ark.) (*Journal A. M. A.*, Dec. 14, 1918). During a period of from September 13 to October 8, 1918, inclusive, there were admitted to the base hospital 2,487 influenza cases and 416 cases of pneumonia

following influenza. In all but 50 of the pneumonia cases the disease was typical lobar pneumonia. Approximately 18 per cent of the cases so far admitted have been fatal, generally by the seventh day. Cyanosis in these was rather prominent but not to such a degree as in the bronchopneumonia cases of last winter. Nosebleed was rather frequent, and a painful dry pleurisy without notable effusion was common in the serious cases. The sputum was usually red but less glutinous than the typical pneumonia sputum. Delirium was present so often that the patients had to be constantly watched in some instances. A few cases of bronchopneumonia presented no special features of interest. Three hundred and two sputums were examined for type and the great majority were type IV. Influenza bacillus was found on postmortem examination in one case. Statistics show that the Camp Logan base hospital admission rate was higher than that at any other camp in the United States and the death rate the lowest. This latter the authors hold due to the care used to have all the sick sent to the hospital at once, every patient being given prompt attention.

ANTI-TUBERCULOSIS MEASURES.

In an address, delivered before the recent New Jersey Joint Conference on Tuberculosis, Krause, of the Johns Hopkins Medical School, attempts a review of the anti-tuberculosis movement and indicates how our measures of prevention and control should be supplemented and enlarged so as to square with the shifting point of view that the newer knowledge of the disease of the last ten years has brought us.

Not all the diminution in the tuberculosis mortality rate may be ascribed to our intentional efforts. Much is undoubtedly due to the broad social and economic movements that have brought about better living conditions. Since the application of the Pirquet test we have learned that tuberculous infection is practically universal. It is therefore at least questionable whether efforts at prevention and control should be too largely concentrated on the prevention of infection. Infection, of itself, is of comparatively minor importance. It is the development of infection into clinical disease, into manifest tuberculosis—that we are really concerned with and should make every effort to prevent.

Krause pleads for a better appreciation of this phase of the situation and asks for renewed effort for the expenditure of money without let-up, for what amounts to the unremitting and universal education of physicians and laymen in the truths of tuberculosis, and for a broadening and intensification of the work of the National Tuberculosis Association. He concludes:

“Nor is there room in the anti-tuberculosis movement for a single note of discouragement. The pessimists among us can be only those who are deficient in grasp and breadth. Civilization and tuberculosis are contemporaneous; the number of the tuberculous and the number of civilized beings are almost co-equal; therefore, to despair of tuberculosis is to despair of civilization. A graft that is as much a part of us as is the development of our ethical sense cannot be lopped off in a day; but it can be kept from flowering and bearing fruit. And until we wage direct warfare on the germ, to keep it in the seed should be our main purpose.”

Krause, Allen K., *Anti-Tuberculosis Measures*, *American Review of Tuberculosis*, 1918, Vol. 2, No. 10.

Personals and News Items.

Dr. H. C. Burge of Oil Trough has moved to Sulphur Rock.

Physicians prefer to buy advertised goods, because such goods have standard prices, which prevent profiteering.

Secretaries of county societies should promptly report to the State Secretary every new member elected. Also changes of addresses.

Pope County physicians met last month in Russellville and reorganized the County Medical Society. List of officers given elsewhere in this issue.

Reports of every County Society meeting should be promptly reported to the editor of the Journal, who will be glad to receive any items of medical interest.

Dr. W. A. Snodgrass, after fourteen months active service in the U. S. Army, has returned from France and opened offices in the Donaghey Building, Seventh and Main Streets,

Little Rock. Dr. Snodgrass will confine his work principally to surgery.

The physicians of Arkadelphia have announced the following new schedule of rates charged: Day calls in the city, \$2.00; outside of the city, \$2.00 plus \$1.00 per mile traveled one way. Night calls will be 50 per cent more than for day calls.

Major C. P. Meriwether, M. C., assigned as Medical Aide to Governor Brough since November, 1917, has received his discharge from the army and has resumed the active practice of medicine and surgery in Little Rock.

We have been requested to state that Dr. Francis D. Patterson, Chief Division of Industrial Hygiene and Engineering, Department of Labor and Industry, Harrisburg, Pa., is desirous of obtaining the names of the Arkansas physicians engaged in the practice of industrial medicine.

The people of Arkansas will have a chance during the week of February 3-10 to make their creed of universal brotherhood a cash order for food and clothing where these are needed. This is the week of the Armenian and Syrian Relief Campaign to raise \$30,000,000 for the destitute war sufferers in the Near East.

The following new officers were elected at a recent meeting of the Washington County Medical Society: President, Dr. H. T. Harr, Fayetteville; vice president, Dr. R. T. Henry, Springdale; secretary, Dr. J. R. Southworth, Fayetteville; treasurer, Dr. W. H. Moek, Prairie Grove. Dr. E. G. McCormick, of Prairie Grove, delegates to the annual meeting of the State Medical Society, Little Rock.

Your County and State Medical Society dues were payable on January 1; if not yet paid, see that your County Secretary receives them not later than February 1. He should then send them to Dr. C. P. Meriwether, State Secretary, Little Rock, by the 20th in order that you shall not be reported delinquent to the American Medical Association and that your name shall appear on the mailing list of the Journal.

Faet and Opinion on the Influenza Epidemic.—At the recent meeting of the American Public Health Association the discussion

relative to the etiology of the present epidemic resolved themselves into the belief that the bacillus of influenza is not the primary etiologic factor and that the actual cause is as yet unknown. In the argumentation for and against the face mask as a means of preventing the spreading of the disease, sight was lost that definite evidence has been presented to show that the wearing of a mask prevents the diffusion of pathogenic organisms of which we have definite knowledge. A paper was presented which indicated to the satisfaction of most listeners that a significant factor in the spread of the epidemic in army camps was the inadequate washing of mess kits (*Jour. A. M. A.*, Dec. 21, 1918, p. 2074).

The present epidemic of so-called influenza is as contagious, and certainly as fatal, as smallpox, scarlet fever or measles. While we

know little of its etiology or mode of transmission, we know as much of these two factors in this disease as we know of the same factors in the three other diseases mentioned. There is reason to believe that all four spread by contact—from man to man. When smallpox, scarlet fever or measles is prevalent, rigid isolation and quarantine are enforced, and it is quite certain with at least a fair measure of success. Should not the same methods of prevention be more vigorously adopted in the present epidemic? When it is realized that already from one-fourth to one-third of the population of this country has been subject to the disease, that more than 300,000 persons have died as a result of the infection, the suggestion that every case of influenza be isolated and that quarantine against these cases be rigidly enforced is worthy of serious consideration.—*Jour. A. M. A.*, Dec. 21, 1918.

CONSTITUTION AND BY-LAWS OF THE Arkansas Medical Society 1918-1919

CONSTITUTION

ARTICLE I.—NAME OF THE SOCIETY.

The name and title of this organization shall be the Arkansas Medical Society.

ARTICLE II.—PURPOSES OF THE SOCIETY.

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in re-

gard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES.

Component Societies shall consist of those county medical societies which hold charters from this Society.

ARTICLE IV.—COMPOSITION OF THE SOCIETY.

SECTION 1. This Society shall consist of Members, Delegates, and Guests.

SEC. 2. MEMBERS. The members of this Society shall be the members of the component county medical societies.

SEC. 3. DELEGATES. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Society.

SEC. 4. GUESTS. Any distinguished physician not a resident of this State, who is a member of his own State Society, may become a guest during any Annual Session on invitation of the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that Session.

ARTICLE V.—HOUSE OF DELEGATES.

The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegates elected by the component county societies; (2) the Councilors; and (3) *ex-officio*, the President and Secretary of this Society.

ARTICLE VI.—COUNCIL.

The Council shall consist of the Councilors, and the President and Secretary, *ex-officio*. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Six Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE VIII.—SESSIONS AND MEETINGS.

SECTION 1. The Society shall hold an Annual Session, during which there shall be held daily general meetings, which shall be open to all registered members and guests.

SEC. 2. The time and place for holding each annual session shall be fixed by the House of Delegates.

ARTICLE IX.—OFFICERS.

SECTION 1. The officers of this Society shall be a President, three Vice Presidents, a Secretary, a Treasurer, and ten Councilors.

SEC. 2. The officers, except the Councilors, shall be elected annually. The terms of the

Councilors shall be for two years, those first elected serving one and two years, as may be arranged, so that after the first year, five Councilors shall be elected annually to serve two years. All these officers shall serve until their successors are elected and installed.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES.

In order to broaden professional fellowship this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one State to another may avoid the formality of re-election.

ARTICLE XI.—FUNDS AND EXPENSES.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of \$2.50 per capita per annum, except on a four-fifths vote of the Delegates present. Funds may also be raised by voluntary contributions, from the Society's publications and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

ARTICLE XII.—REFERENDUM.

SECTION 1. A General Meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

SEC. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL.

The Society shall have a common seal, with power to break, change, or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds

vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society, at least two months before the meeting at which final action is to be taken.

BY-LAWS

CHAPTER I.—MEMBERSHIP.

SECTION 1. The name of a physician on the properly certified roster of members of a component society, which has paid its annual assessment, shall be *prima facie* evidence of membership in this Society.

SEC. 2. Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

SEC. 3. Each member in attendance at the Annual Session shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified by reference to the roster of his society, he shall receive a badge which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

CHAPTER II.—ANNUAL AND SPECIAL SESSIONS OF THE SOCIETY.

SECTION 1. The Society shall hold an Annual Session at such time and place as has been fixed at the preceding Annual Session by the House of Delegates.

SEC. 2. Special meetings of either the Society or of the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

CHAPTER III.—GENERAL MEETINGS.

SECTION 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of

the Sections. The General Meetings shall be presided over by the President or one of the Vice Presidents, and before them shall be heard the address of the President and the orations, and such scientific papers and discussions as may be arranged for in the program.

SEC. 2. The General Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

CHAPTER IV.—HOUSE OF DELEGATES.

SECTION 1. The House of Delegates shall meet on the day before that fixed as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the program.

SEC. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every 25 members, and one for each major fraction thereof, provided that its annual reports and assessments are in the hands of the Secretary 30 days prior to the annual meeting. Each component society, however, regardless of its number of members, which has complied with this section, is entitled to one delegate.

SEC. 3. A majority of the delegates registered shall constitute a quorum.

SEC. 4. It shall, through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly study and strive to make each Annual Session a stepping-stone to future ones of higher interest.

SEC. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent on the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

SEC. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who is reputable and eligible has been brought under medical society influence.

SEC. 7. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 8. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 9. It shall divide the State into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Society and profession will be promoted thereby, organize in each a district medical society, and all members of component county societies shall be members in such district societies.

SEC. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 11. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

CHAPTER V.—ELECTION OF OFFICERS.

SECTION 1. The House of Delegates on the first day of the Annual Session shall select a Committee on Nominations, consisting of ten

delegates, no two of whom shall be from the same Councilor District. It shall be the duty of this committee to consult with the members of the Society and to hold one or more meetings at which the best interests of the Society and of the profession of the State for the ensuing year shall be carefully considered. The committee shall report the result of its deliberations to the House of Delegates in the shape of a ticket containing the names of three members for the office of President and of one member for each of the other offices to be filled at that Annual Session. No two candidates for President shall be named from the same county.

SEC. 2. All elections shall be by ballot, except where there is only one candidate, when election may be made by acclamation, and a majority of the votes cast shall be necessary to elect.

SEC. 3. The report of the Nominating Committee shall be the first order of business of the House of Delegates after the reading of the minutes in the afternoon of the last day of the General Session.

SEC. 4. The election of officers shall be the second order of business of the House of Delegates in the afternoon of the last day of the General Session.

SEC. 5. Any person known to have solicited votes for or sought any office within the gift of this Society shall be ineligible for any office for two years. No member shall be eligible to any office of this Society who is not in attendance at the meeting at which the election is held.

CHAPTER VI.—DUTIES OF OFFICERS.

SECTION 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the State and assist the Councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2. The Vice Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resign-

nation, or removal, the Council shall select one of the Vice Presidents to succeed him.

SEC. 3. The Treasurer shall give bond in the sum of \$3,000. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the Treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examinations as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

SEC. 4. The Secretary shall give bond in the sum of \$3,000; he shall attend the General Meeting of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be *ex-officio* Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the Annual Session. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply all component societies with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessment, collect the same and turn it over to the Treasurer, taking his receipt therefor. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the House of Delegates.

SEC. 5. The Council shall have authority to accept or reject all bonds.

CHAPTER VII.—COUNCIL.

SECTION 1. The Council shall meet on the day preceding the Annual Session and daily during the Session and at such other times as necessity may require, subject to the call of the chairman or on a petition of three Councilors. It shall meet on the last day of the Annual Session of the Society to organize and outline the work for the ensuing year. It shall elect a Chairman and a Clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall, through its Chairman, make an annual written report to the House of Delegates.

SEC. 2. Each Councilor shall be organizer, peacemaker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual written report of his work, and of the condition of the profession of each county in his district at the annual session of the House of Delegates. The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed on a proper itemized statement, but this shall not be construed to include his expenses in attending the Annual Session of the Society.

SEC. 3. The Council shall be the Board of Censors of the Society. It shall consider all questions involving the right and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies, on which an appeal is taken from the decision of an individual Councilor.

SEC. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be en-

titled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. It shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary or of the Treasurer, the Council shall fill the vacancy until the next annual election.

SEC. 6. In case of a vacancy in the office of Delegate, the Council shall have authority to seat any member of that county society in attendance at said meeting as Delegate, with full right to perform all the duties of that office.

CHAPTER VIII.—COMMITTEES.

SECTION 1. The standing committees shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Arrangements.

Such committees shall be appointed by the President unless otherwise provided.

SEC. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers and discussions shall be presented.

SEC. 3. The Committee on Public Policy and Legislation shall consist of three mem-

bers and the President and Secretary. Under the direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, State and national affairs and elections.

SEC. 4. The Committee on Arrangements shall be appointed by the component society of the county in which the Annual Session is to be held. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees, and shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Secretary for publication in the program, and shall make additional announcements during the session as occasion may require.

CHAPTER IX.—COUNTY SOCIETIES.

SECTION 1. All county societies now in affiliation with this Society or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Society.

SEC. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

SEC. 3. Charters shall be issued only on approval of the Council, and shall be signed by the President and Secretary of this Society. Upon the recommendation of the Council the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 4. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Council for the District if

necessary, and all the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

SEC. 5. Each county society shall judge of the qualifications of its own members, but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

SEC. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

SEC. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a Board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 8. When a member in good standing in a component society moves to another county in this State, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, and this request must be made within twelve months.

SEC. 9. A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

SEC. 10. Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

SEC. 11. At some meeting in advance of the Annual Session of this Society, each

county society shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in the proportion of one delegate to each twenty-five members, and one for each major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Society at least ten days before the Annual Session.

SEC. 12. The Secretary of each component society shall keep a roster of its members, and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in his State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall endeavor to account for every physician who has lived in the county during the year.

SEC. 13. The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county, to the Secretary of this Society on January 1, and not later than March 1 of each year.

SEC. 14. Any county society which fails to pay its assessment, or make the report required, on or before March 1, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society or of the House of Delegates until such requirements have been met.

CHAPTER X.—MISCELLANEOUS.

SECTION 1. No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak longer than five minutes nor more than once on any subject, except by unanimous consent.

SEC. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

SEC. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when

not in conflict with this Constitution and By-Laws.

SEC. 4. The Principles of Medical Ethics promulgated by the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XI.—AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

Propaganda for Reform.

DEPENDABILITY OF DOSAGE IN TABLETS.—One of its products (Aromatic Digestive Tablets) having been reported deficient by the Connecticut Agricultural Experiment Station, the Harvey Company, Saratoga Springs, N. Y., holds that it should not be criticised if its Aromatic Digestive Tablets are below the declared strength. It seems to hold the opinion that it does not matter whether or not these tablets contain the amount of ferments claimed on the label, since in any case these ferments would mutually destroy each other as soon as such a tablet came in contact with the digestive secretion. No excuse can be offered for those physicians who prescribe such absurdities as Aromatic Digestive Tablets, but neither is there any justification for a firm selling a product which it knows will not measure up to the claims made for it (Jour. A. M. A., Nov. 2, 1918, p. 1510).

SPENCER'S CHLORAMINE PASTILLES.—The term, "chloramin" is applied to a class of chemical compounds that contain the group: NC1 . The chloramin derivative sodium paratoluenesulphochloramid has been called chloramin-T, "chloramin" indicating the characteristic NC1 group, and the "T" derivation from toluene. Sodium parabenzenesulphochloramid has been called chloramin-B, the "B" indicating its origin from benzene. Before chloramin-T and the related products came into use in medicine, John Wyeth and Brother had registered the term "chloramine"

as a trademark for a pharmaceutical preparation and applied it to a lozenge containing ammonium chlorid, "Spencer's Chloramine Pastilles," which in no sense is a chloramin. This misuse of a chemical term indicates the need of a revision of our trademark law which permitted the registration of this evidently misleading term (Jour. A. M. A., Nov. 30, p. 1848).

MORE MISBRANDED NOSTRUMS.—The following "patent medicines" have been declared misbranded under the U. S. Food and Drugs Act, and a "Notice of Judgment" giving an account of the prosecutions issued by the U. S. Department of Agriculture for each: Jacobs' Liver Salt, an effervescent preparation consisting largely of sodium phosphate, sodium sulphate, and sodium chlorid. Lydia Pinkham's Vegetable Compound, containing 17.9 per cent alcohol, and 0.56 gm. of solids to each 100 c. c., with vegetable extractive material present. Maguire's Benne Plant and Catechu Compound, containing over 39 per cent of alcohol and 1/10 grain of morphin to each fluidounce, besides camphor, catechu and peppermint. Hood's Sarsaparilla, a mixture of alcohol and water, containing about 0.9 per cent of potassium iodid with sugar, vegetable extractives, which give indications of the presence of sarsaparilla, licorice, and a laxative drug resembling scenna. Booth's Hyomei Dri-Ayr, consisting essentially of oil of eucalyptus, together with a small amount of resin-like solids and a mineral oil and a little alcohol. Hill's Kidney Kaskara Tablets, an iron oxid, sugar-coated tablet, carrying emodin, caffeine, acid resin, magnesium carbonate and talcum. Hancock Sulphur Compound, a calcium sulphid solution. Hancock Sulphur Compound Ointment, a petroleum ointment containing sulphur, ash (chiefly lime) and phenol. Palmer's Skin Whitener, containing ammoniated mercury, mixed with a fatty base. Grossman's Specific Mixture, a balsam copaiba mixture (Jour. A. M. A., Nov. 16, 1918, p. 1681).

County Societies.

POPE COUNTY.

(Reported by J. R. Linzy, Sec.)

The Pope County Medical Society met and re-organized at Russellville, and the following officers were elected for the ensuing year: R. M. Drummond, president; E. P. Griffin,

first vice president; A. W. Rye, second vice president, and J. R. Linzy, secretary.

Members present: Drs. R. M. Drummond, E. P. Griffin, A. B. Tate, J. M. Campbell, Ed Trnett, C. W. Jones, A. W. Rye, and D. R. Linzy.

Dr. Jones read a paper on "Venereal Diseases." Dr. Tate reported a case of "Cerebrospinal Meningitis." The treatment of "Spanish Influenza" was discussed by the members.

Next meeting will be at Russellville the second Tuesday in January.

Book Reviews.

MILITARY HYGIENE AND SANITATION. By Frank R. Keefer, M. D., Col. M. C., U. S. Army; formerly Professor of Military Hygiene, United States Military Academy, West Point. Second edition, reset. 12mo of 340 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1918. Price, Cloth \$1.75.

This little volume, prepared primarily for the instruction of cadets at the United States Military Academy, West Point, has been found to have a wide sphere of usefulness.

A TEXT BOOK OF HOME NURSING. Modern scientific methods for the care of the sick. By Eveleen Harrison. Second edition, revised. Published by The Macmillan Company, New York, 1918. Price \$1.10.

The book gives the latest knowledge of scientific nursing. The question of diet, in relation to disease, "Outdoor treatment"; with chapters on emergencies; preparation for surgical operation at home; care of sick children; baths, their importance and rules of procedure; contagious diseases form part of the subject matter.

THE DISEASES OF INFANCY AND CHILDHOOD. Designed for the use of students and practitioners of medicine. By Henry Koplik, M. D. Fourth edition, revised and enlarged. Illustrated with 239 engravings and 25 plates in color and monochrome. Published by Lea & Febiger, Philadelphia, 1918.

The new edition of this well-known book has given the author an opportunity to bring it abreast of the learning of today, as reflected in his experience. Considerable attention is given to acidosis in infancy, also the various problems of infant feeding. The book represents a complete study of the various fields of pediatrics.

CONCERNING SOME HEADACHES AND EYE DISORDERS OF NASAL ORIGIN. By Greenfield Sluder, M. D., Clinical Professor and Director of the Department of Laryngology and Rhinology, Washington University,

St. Louis. With 115 illustrations. Published by C. V. Mosby Company, St. Louis, 1918.

This valuable contribution opens with an introduction to the pathological anatomy, by Dr. Jonathan Wright. The three chapters describe, "Vacuum Frontal Headache with Eye Symptoms Only," "The Syndrome of Nasal Ganglion Neurosis," "Hyperplastic Sphenoiditis and its Clinical Relations in the Enveloping Nerves." The book closes with instructive case histories.

THE ORTHOPEDIC TREATMENT OF GUNSHOT INJURIES. By Leo Mayer, M. D., Instructor in Orthopedic Surgery, New York Postgraduate Medical School and Hospital, with an introduction by Col. E. G. Brackett, M. C. N. A., Director of Military Orthopedic Surgery. 12mo of 250 pages, with 184 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$2.50.

This little book emphasizes certain principles and rules of guidance in the treatment of war injuries. Two main groups of the treatment are considered: that given at the front and that at the base hospital. In the field, the essential orthopedic problem is proper fixation of the injured part; in the base hospital, the proper time to discontinue fixation and restore motion.

THE WASSERMANN TEST. By Charles F. Craig, A. M., M. D., Lt. Col. M. C., U. S. Army. Published with authority of the Surgeon General, United States Army. Illustrated with colored plates, half-tone plates and fifty-seven tables. Published by C. V. Mosby Company, St. Louis, 1918.

This work gives the author's experiences gained from ten years of personal use of the Wassermann test in the diagnosis and as a control of the treatment of syphilis. It contains all of the essential and really valuable facts regarding the test which has been reported in the literature. His method is believed to be as simple in technic and as accurate in results as any method of performing the Wassermann Test that has been devised.

GYNECOLOGY. By William P. Graves, M. D., Professor of Gynecology at Harvard Medical School. Second edition, thoroughly revised. Octavo of 883 pages with 490 original illustrations, 100 of them in colors. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth \$7.50.

This book is intended both as a text book and a general reference book of Gynecology. The subject matter is divided as follows: Part I deals with the physiology of the pelvic organs and with the relationship of gynecology to the general organism. Part II is designed primarily for the undergraduate stu-

The Management of an Infant's Diet

Carbohydrates

The fact that maltose has a high point of assimilation and therefore capable of being given in larger amounts than either lactose or saccharose leads many physicians to prefer maltose as the carbohydrate portion of an infant's diet.

Where this carbohydrate is desired it is important to understand that maltose is rarely if ever used alone, for maltose is available only in combination with various forms of dextrin. It is also important that, in advising the use of these carbohydrates, a product which is known to be made by the natural process should be specified. The natural process, which is similar to the changes that take place when grains are planted for reproduction, is the conversion of the starchy portion of wheat and barley by the natural enzyme — malt diastase — and in view of the results when in actual use this natural process is the most satisfactory method.

In conditions where a physician believes it is advisable to employ these carbohydrates it is of considerable advantage to select a product made by the natural process, for while such carbohydrates obtained by processes other than the slow and rather tedious action of malt diastase are of the same chemical formula, the effect when practically applied in infant feeding may show a marked difference and the results are likely to be far less satisfactory.

A MALTOSE AND DEXTRINS PRODUCT

that is obtained in the natural way with maltose predominating and that includes the protein of the grains used as well as the salts that are contained in the covering of the grains may be readily secured by prescribing

Mellin's Food

THE JOURNAL

OF THE

Arkansas Medical Society

Owned and Published Monthly by the Arkansas Medical Society

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ROLE OF THE APPENDIX IN THE ACUTE ABDOMEN.*

By J. T. Palmer, M. D.,
Pine Bluff.

The courts and the life insurance companies attempt to compute life values in dollars and cents. Yet, we know this cannot be done. We have seen the acute abdomen poulticed and purged, blistered and frozen in an attempt to avoid the dreaded knife—and the patient dies. The physician who tells you he can cure you of gall stones and appendicitis with one of his special compounds is not worthy to be either respected or trusted.

The acute abdomen is composed largely of the following: Cholecystitis, with or without stones, rupture of a tube in ectopic gestation, or in pyosalpinx, perforation of gastric or duodenal ulcer, intussusception or strangulation, diverticulitis, acute pancreatitis, and last, but most frequent, the appendix.

The most accurate diagnosis of abdominal conditions holds for us frequent pitfalls. This may readily be understood in studying the nerve supply of the viscera. In reviewing the embryology of the viscera the median position of both the viscera and nerves are maintained. Later the organs assume a lateral position but the nerve supply still maintains the median position, or connection. Thus we have peri-umbilical pain in peritonitis. The connection of the right phrenic, which sends fibers to the diaphragm, liver and anterior parietal peritoneum as low as the umbilicus, with lower intercostal nerves, explains right-sided abdominal pain in thoracic diseases. These facts should be constantly kept in mind when dealing with children who have abdominal pain. A large per cent of children under eight years of age complain of pain in the

belly when they are suffering of pneumonia. But when a child has eaten well, with no sudden chill nor high fever, begins to complain of abdominal pain, nausea, vomiting, and some fever, with perhaps constipation, be not too hasty to diagnose it an obstruction, or pneumonia. The location of pain in children is unreliable from a diagnostic point of view.

In children the pain in intussusception is somewhat more agonizing. A mass can usually be outlined, and in the majority of cases there is some blood in the stools—should there be any stools. There is no difficulty in diagnosing a case of appendicitis when the case follows the book-form. We do not even in all adults find the four cardinal symptoms, to wit, localized pain, elevation of temperature, nausea, vomiting, and constipation. However, it is this type of case that the laity insist upon having before an operation is submitted to. Elevation of temperature usually prevails, yet it is by no means constant, and is not to be relied upon in your diagnosis; nor as to the real condition of your patient. Quite recently a strong man about twenty-five years of age told me at 8:00 o'clock p. m. that he had a pain in his right flank. As he was my client I insisted upon an examination. But he resisted, saying that he had this trouble once before and it soon wore off. He returned home, a distance of twenty-seven miles, by auto, and before morning had to call a physician for relief. Early next morning he returned to see me. Pain continued but without nausea or elevation of temperature. Blood revealed a high percentage of polymorpho-nuclear, and by this alone was I convinced that he needed operating. He was operated at 1:00 p. m., just seventeen hours from the time his pain began. The appendix contained pus and with the best that could be done, ruptured before it could be delivered. This man's general condition pointed toward recovery, but his appendix pointed toward the grave. Catarrhal, fulminating, and morbi-

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

cund cases, and walled-off cases frequently do not stimulate a leucocytosis. And it is frequently the case that a dead appendix will give no elevation of temperature. A blood count in obscure cases will be of inestimable value. The absolute count alone is questionable, but with a high absolute and a high polynuclear gives a good prognosis. A low absolute count with a high polynuclear gives a bad prognosis, but in both instances there is infection. However, a normal or subnormal count does not exclude the possibility of sup-puration or gangrene.

Another patient, female, age sixteen, healthy, strong, had some pain in lower abdomen about bed time Sunday. Did not sleep well that night. I was called Monday morning. Found some tenderness, and very little pain at McBurney's point. Temperature 99.6; no nausea or vomiting. Operation was suggested but refused. At 8:00 p. m. the same evening, I insisted on operating and patient submitted. The temperature was yet less than 100, with very little pain. When abdomen was opened the appendix was gangrenous, and ruptured before it could be delivered. Drainage was instituted and patient made complete recovery.

These two cases are cited simply to prove that general conditions are frequently at total variance with conditions inside the abdomen. Two of my cases with rupture of fallopian tube simulated appendicitis very much. However, both cases occurred during, or followed immediately menstruation. One was due to ectopic gestation, and the other pyosalpinx. The patient with the pyosalpinx had been up and apparently well the day before her illness began. This tube evidently was ruptured during intercourse. These two cases reported because in some respects they simulated appendicitis very closely, and because they both were the right tube.

The differentiation of appendicitis from gall bladder, gastric and duodenal affections can usually be made on account of location of pain in the epigastrium. Diverticulitis cannot always be done. Diverticulitis occurs most frequently after mid-life, and in the fat, bay-window class.

Now, what is the practitioner going to do during the undeterminate period in suspected appendicitis? If he holds the absolute confidence of the family, and does absolutely nothing during this undeterminate period more than apply an ice bag, he will likely be master

of the situation. On the other side of the question, if he is inclined to meddle from his own desires or from that of the family, he may expect trouble.

Twelve to twenty-four hours is sufficiently long for confirmation of diagnosis. During this time if he is not thoroughly convinced as to his findings, the family will hold him in much higher regard if he will ask for consultation, than they would if he waited for a general peritonitis and the time for operation has passed. We need an educational campaign for the early recognition of this malady to the end that purging these patients be for once and always blotted off the fair pages of medicine and surgery. To give purgatives, in my mind, stimulates peristalsis, disseminates infection, spreads inflammation, changing perhaps a local inflammation to one of general peritonitis. You would not think of massaging a knee joint which contained pus. Neither should we think of giving purgatives in undiagnosed bowel affections. Neither would we think of deadening the patient's sensibilities with morphine for fear of a rupture with no sentinel left to signal the danger. The giving of high enemas is also to be condemned. But fortunately for the patient very few of us have ever been able to give these high enemas because we thought we had when in reality we had not. Well, someone says, What are you going to do, play the fool, or do something? My course is either to do nothing more than use the ice bag or else operate. Dr. Ochsner urges strongly against early operation, and to abstain from everything by mouth, with gastric lavage, in the acute attack. He states as follows: "We have many times made the error of operating too early after an acute attack, but never has the interval been too long in cases in which the patient took nothing but liquids, together with soft boiled eggs, mush, purees, eustards, boiled rice, and thoroughly cooked cereals after recovering from the acute attack until the interval of operation had been performed." To me this is rather dogmatic, and furthermore I have seen cases which if they had been treated according to the above teachings, I am as certain they would have died as I am sure that I am alive. And, again, we have not the absolute control over our patients that Dr. Ochsner has over his. Other good men urge immediate operation, and between the two we frequently have to decide. This decision can be arrived

at only by relying on your personal experience and considering the surroundings of your patient. However, I am convinced that any infection of twenty-four hours duration having been made worse by an appendectomy, would be far more dangerous to the patient were he left without operative procedure. When a case is seen too late for early operation, if tunefaction be present, and increasing pulse and general condition show dangerous absorption, that infection is spreading, even then it is late to operate; but to delay further seems like firing the gun when the game is out of sight. Then the question is, When shall I not operate, and not when shall I operate. My mind is at rest to a far greater extent and the safety of my patient greatly increased when the stealthy appendix is removed. On the contrary you never know in the unoperated cases when general peritonitis will knock at the door and the next day you are asked to sign a death certificate.

DISCUSSION.

Dr. H. H. McAdams (Jonesboro): Dr. Palmer has covered the ground thoroughly and I don't intend to discuss this paper. I don't wish to take up any of the time of this society. I know they are in a hurry to rush through with their program. But, there are one of two points in connection with appendicitis that I would like to mention before passing this paper up. In regard to the medical treatment of appendicitis, I believe that it is the concensus of opinion of the medical men today, as well as the surgical men, that appendicitis is essentially a surgical condition; that it is no longer considered a medical one. A few years ago I heard a paper read by a distinguished man, who is now serving as Major in the United States Army, "Appendicitis Essentially a Surgical Condition," and this paper was read before the Tri-State Medical Society in Memphis, and there he was assailed by a great number of the older ones of the profession, and his paper had very little weight at this meeting. A few years later he gathered data from nine hundred eminent surgeons from various parts of the United States, and revised his paper somewhat, and read the same paper before the Tri-State Medical Society again. At that time there were only two or three men who discussed that paper that day that attempted in any way whatever to treat appendicitis medically.

Appendicitis is essentially a surgical condition, and, in my opinion, should not be undertaken to be treated any length of time medically. I believe that there is no mortality, as a rule, following the operation for appendicitis, if it is done within a few hours; that is, within 12 hours, or such matter, after its onset. The sequence of symptoms, that has been laid down by the late Dr. Murphy, are not always an index to the real pathological condition that exists in the abdominal cavity. Sometimes, only after a few hours, you will find a gangrenous appendix. The point I wish to make this morning is simply this: Appendicitis is essentially a surgical condition, and we should not attempt to treat it medically, if we can get to a surgeon and have the appendix removed. And, where it is removed in the course of ten or twelve hours,

there is usually no mortality following the operation for appendicitis.

Dr. D. A. Pelton (Forrest City): I wish to cite a case to show you that the medical treatment of appendicitis does not end with the treatment of that single attack. It is often disastrous a long time afterwards. I had a very disastrous case within the last year, the mother of a prominent lawyer in my town, who had had one or two attacks of appendicitis previously. She was very fortunate in having as her physician a man of a great deal more ability than I have, or ever expect to attain. He had some medicine; I don't know just exactly what that medicine was; but, he assured this patient that it was unnecessary to operate for appendicitis; that he had a medicine that just drew off that pus, and she didn't have to be cut. Well, I didn't happen to know that medicine. I haven't learned of it yet. She had another attack of appendicitis, which was quickly diagnosed. I called for a consultation, and my consultant confirmed my diagnosis. The family agreed to the operation. We used all the pressure that we could consistently bring to bear on this old lady, who was really in good health, except for this attack; but, she refused. She felt that she was in a town where the physicians at least ought to know as much as the country practitioner that she had had previously. She thought that we ought to be able to do at least what had been done for her before, and she refused an operation, until finally her condition became desperate. I want to tell you that there was *no* general peritonitis. Adhesions had formed; small pus pockets had formed. She was operated on, and she was septic, and she died; not as the result of an operation, but as the result of having appendicitis treated medically previously, and leaving the impression with that old lady that it was essentially a medical disease.

It has been my practice for a good many years to absolutely insist unequivocally on an operation in appendicitis, as soon as the diagnosis can be made. And I want to say that in nearly twenty years I haven't seen a single patient die from appendicitis where it was operated on early.

Dr. T. J. Wood (Evening Shade): I, for one, am very much impressed by the paper just read. I appreciated it very much, because I considered it very timely. One trouble now about appendicitis is that we don't get to operate soon enough. I am like the gentleman who just spoke, I don't believe that there is any fatality to the operation when properly done. The fatalities that occur are on account of the diseased condition. I doubt, in the operations on normal individuals, if there would be one out of a thousand cases that were fatal, following the operation.

The point that I rise now to emphasize is, that we practicing physicians in the country never get to operate in appendicitis until the case becomes desperate. As has been stated, there are in the rural districts, scattered all over the country, I presume—perhaps not members of the Arkansas Medical Society—men that can cure appendicitis with medicines, by starvation, and one thing and another, and they very often get these cases and hold them until the case is entirely desperate; then they will allow the surgeon to come in and operate. Now, my experience in operating on appendicitis cases, of a desperate nature—and I have operated on several—is that there is just about an equal number of fatalities and recoveries. Now, the question with me is whether we should operate on these desperate cases. I have had reason to congratulate myself on operating on some cases, and I have had reason to regret operating on others. The last case that I attempted to operate on I very much regretted. After making the incision, I

found that the appendix could not be reached. It had been converted into a pus pocket of considerable size, and had gravitated until it adhered so far down into the abdominal cavity that it could not be reached without tearing up a lot of adhesions, that I knew would be fatal to the patient. So, I decided that I would close the incision. And, when I attempted to suture that peritoneum, it must have been at least a quarter of an inch thick and perfectly friable. The stitches would tear out just as fast as I put them in. And, it took me a great while to get it in a satisfactory condition. I wish to add that I came very near getting sued for malpractice. The parties talked about it very strongly, and I had the whole neighborhood and community up in arms against me; but, sometimes it pays to bluff. So that was one instance where I think I came out winner by a bluff. I just defied them to bring suit. I said I would be glad for them to bring it in court, and then I could have an opportunity to vindicate myself. So, I hope there is not a gentleman in the Arkansas Medical Society that will ever keep a case of appendicitis out of the hands of the surgeon for any length of time.

Dr. J. P. Lunt (Leonard): I am like most country doctors, do such surgery as may come my way. But now I am going to differ with this gentleman just a little. Prof. Pinekney French of St. Louis did the internal operation in over 350 cases without a death. A good record for the internist as well as for the internal operation.

Now, for instance, I am called to a case of appendicitis so plain a blind man could tell it was appendicitis, and I advise an immediate operation. This is refused and in a week the patient is going about town a living advertisement, especially in country work, as to the inadvisability of an immediate operation for appendicitis. It hurts your practice and prestige.

I also have a class of patients who are willing for an immediate operation but unable to pay the fee or who insist on being taken to a charitable institution, involving days of delay and surrounding themselves with obstacles practically precluding an operation. Put this patient to bed with the judicious use of an ice bag and keep the gut quiet with a little morphine, also stop the food and so on, and in a short time many get well or at least get up.

I know that in my practice if I refused to have anything to do with a patient because he had appendicitis and refused an operation my work would soon end. So I am one of those who—though I believe firmly in operating and do operate for this condition, and consider it a very simple operation in the vast majority of cases—yet at the same time I am forced to treat many of my cases medically.

Dr. Palmer (closing): I am very much gratified at so much of the discussion as we have had. The acute abdomen is too big a subject for us to take up minutely. Dr. Wood spoke about the desperate cases, as to whether he should or should not operate on them. I think it is conceded that the doctor must absolutely throw away all his personal preferences and his hope of gain when he believes he has a single chance to save a man's life. He must do it. I once knew a man, who was a most excellent doctor, but he took an awful lot of pains to question the fellow who came for him as to whether the patient was yellow, or especially if there were black vomitus. If he had swamp fever, this doctor had another call somewhere else. He would not go, yet he claimed great results in treating swamp fever. There was a better doctor in town than that fellow was, but he did not have as good a name as the other doctor, because he took all the cases as they came. In these desperate cases about which he spoke, I think we must absolutely do the best we can for our patients, regardless of whether it is going to hurt us or not. The doctor over here spoke about it being a simple operation;

I want to say that every case of appendicitis that I undertake to operate I do it with trembling and fear, gentlemen. That may be the easiest operation that you have to undertake, and it may be the most difficult. Now, as to the mortality, of course, during the first twenty-four hours the mortality is very low. The second day it has increased. And, as the statistics will show, more people die who are operated on the third day than at any other time, because, if they operate during the first few hours, the infection has not had much chance to spread; the second day, of course, it has; and the third day, it has not been walled off and it is going to go pretty strong.

PREVENTABLE BLINDNESS.*

By W. T. McCurry, M. D.,
Little Rock.

Under the head of Preventable Blindness I will only deal with ophthalmia neonatorum and trachoma. In the Arkansas School for the Blind we have fifteen children blind from ophthalmia neonatorum, ten blind from trachoma, and twenty-three under treatment for trachoma: three blind from sympathetic ophthalmia, three blind as a result of gunshot wound, and three born blind. There are about 110,000 men, women and children in this country within a strict definition blind. About one-fourth of this number need not have lost their sight. The cause of their misfortune is in a large measure preventable. These twenty-five thousand persons by their blindness deprive the country yearly of about \$8,000,000 of productive labor. The State of Arkansas has contributed her part to this great loss and suffering. A very large proportion of the 25,000 ought not to have lost their sight and have been deprived of it because of ophthalmia neonatorum, which is responsible for 25 per cent of blindness in our charitable institutions, the School for the Blind, etc., and is the cause of approximately 8 per cent of the blindness of most of our negroes in this country.

The ophthalmia neonatorum which causes the blindness is in most cases due to the gonococcus. Any diseased condition of the eye, or eyes, of any infant in which there is any inflammation, redness or swelling in either one or both eyes, either a part of together with any unnatural discharge from the eyes at any time within two weeks from the birth of such infants shall independently of the nature of the infection be known as ophthalmia neonatorum. Second, it shall be the duty of all physicians, mid-wives, nurses, or other per-

*Read before the Arkansas Medical Society, at the forty-second Annual Session, Jonesboro, May, 1918.

sons in professional attendance upon the birth to instill in all cases into the eye of the infant (excepting only if it shall be still-born), one of the following prophylactic preparations against ophthalmia neonatorum and in the manner indicated, first two drops and no more of a one per cent solution of nitrate of silver in distilled water kept in a dark amber or dark blue bottle, and not more than three days old. Second, two drops of a 25 per cent to 40 per cent of argyrol, absolutely fresh, or two drops of a 25 to 40 per cent solution protargol, absolutely fresh.

In every case prophylactic is to be instilled into both eyes and if possible within one hour after birth. The lids must be held apart and the medicine dropped between the lids on the eyeball. Third, should the eyes of any infant become inflamed with ophthalmia neonatorum (as above defined) it shall be the duty of all physicians, mid-wives, nurses, and other persons in charge of such infants to report within six hours after the discovery of such disease to the local health officer, or, if there be no local health officer, then to the State Board of Health, the fact of such diseases, stating the names of the parents, their address and age and, if possible, the name of the infant; and if the person in charge be a physician he shall forthwith notify the parent of such infant or anyone standing in local parents to such infant of the danger to the eyes of such infant and of the necessity of skillful continued treatment, of the contagious character of the disease and of the proper methods of preventing contagion.

TRACHOMA.

The increasing prevalence of trachoma in the United States, especially in Arkansas, has of late years attracted wide-spread attention. Cases and outbreaks of the disease, especially among school children and alien population, were noted by numerous observers and because of the contagiousness of the disease and the seriousness of sequelae, it was regarded as a menace to public health.

Its secretions are infective and its continuance is due to the direct transfer of infectious materials from the diseased eye to those otherwise normal.

The onset of an acute attack of trachoma is the same as that of any other acute inflammatory condition of the conjunctiva. There is photophobia, lacerimation, presence of secretions, redness, swelling of the conjunctiva.

If the lids be everted it will be found that the surface of the palpebral conjunctiva is swollen, red and moist and thrown into folds. Later after a period of a week or more, this surface will be found studded with elevations that present glistening berry-like surfaces. In many instances the disease begins so insiduously that the afflicted person is unaware that anything serious is the matter with his eyes until the physician has told him.

Pannus is seen in the most virulent types of trachoma. The formation of pannus is sometimes accompanied by the softening of the corneal structure as to produce ectasia cornea. The most frequent seat of ulcer of cornea in trachoma is usually at the free margin of the pannus and it is produced by the same softening of the cornea structure. The pannus with the substance of other symptoms may be reabsorbed, cleared up and leave no change. At other times it may persist in the form of a corneal opacity, that may result in the loss of vision. Unless treatment be instituted in the very earliest stages of the diseases it may be so that trachoma is never cured. Cases appear apparently cured on which treatment is stopped too soon undergo acute exacerbations and become active and virulent as ever. Indeed, these exacerbations are observed in many cases while undergoing active treatment. We find many of the eyes have become very much worse while the children from our own School for the Blind are gone for the summer vacation.

In conclusion I want to state that many of the children of our State could be cured at home by the family physician if seen earlier. I want to appeal to the profession of the State of Arkansas and ask every member to pay close attention to the care of the children of his community, telling his patrons the dangers that might occur from children with this dreaded disease coming in contact with other children using the common basin, towel and drinking cup at school houses, churches and other public places. We have in the School for the Blind as many as four from the same family. I have in mind a family in an adjoining county, a mother that 28 years ago contracted trachoma. She has two children blind, two others almost blind, and herself with very poor vision. From an economical standpoint I understand from the Superintendent of the School for the Blind, John H. Hinemon, that it costs approximately \$3,000.00 to educate a child in the institution.

Is it not better from an economical standpoint to take care of this matter at home in its incipieney than to have a blind population, groping through life, only adapted to a few of the trades and professions that our great land offers to its seeing citizenship? I hope that every doctor will ask our next legislature for better and more efficient laws governing the practice of mid-wifery and the prevention of blindness in our great commonwealth.

DISCUSSION.

Dr. Thomas Douglass (Ozark): I have made it a practice in recent years to carry ampoules of silver nitrate. I want to ask Dr. McCurry if this is a satisfactory method of obtaining a fresh solution.

Dr. F. Vinsonhaler (Little Rock): This is a very interesting question, and I am very much obliged for the doctor's calling attention to it. There is one point in the doctor's paper with which, however, I am not in accord; that is, if I understood him to make the recommendation that I think he did make. That was in reference to the use of argyrol and protargol in the prevention of ophthalmia neonatorum. I understood the doctor to recommend those drugs for that purpose. I don't think that the value of argyrol and protargol, however efficacious they may be in the treatment and are in the treatment of this trouble when once established, I don't think that there is sufficient evidence to say that they really prevent ophthalmia neonatorum. I know that they have been suggested in a letter which has been proposed as a uniform law for all the States; but I think it is a great mistake to advise the use of those drugs to prevent ophthalmia neonatorum, when really it is a question as to whether they have any effect at all in that direction. I think the sole and main reliance is in the old, time-honored Credé's solution of nitrate of silver, and in the ampule, as has been suggested by Dr. Douglass. That is the best form in which to carry around nitrate of silver solution.

I know perfectly well, if I got a drop of gonorrheal put in my eye, and I have had that misfortune once or twice, I certainly would not rely upon argyrol or protargol for the purpose of saving my eye. In both of those instances in which my eye was infected, I used nitrate of silver, and absolutely sterilized the conjunctival sac. So, that I would certainly want more evidence in favor of argyrol and protargol than has been offered so far, and I think it is a great mistake to put that question before the public in the way it has been done until the matter is thoroughly settled.

Dr. T. J. Woods (Evening Shade): I am very much impressed with the doctor's paper, as it comes in touch with what I undertook to emphasize in my paper, and that is, the prevalence and the destructiveness of trachoma. It is an insidious trouble, according to my experience. A person may have this disease for a long time and not realize it. Of course, after it exists for a long time, it may become very severe. A child may have it, and although they may have occasional paroxysms of acuteness, they go to a physician or use some domestic remedy, and the eye will get a little better, and they will think it is cured, but, at the same time, this disease is growing more severe, more extensive and more incurable, so to speak, and the first thing anybody knows that individual will have an eye or eyes with the normal conjunctival structure destroyed, disorganized, or so completely so that the normal condition never can be restored. An-

other thing about it is its contagiousness or infectiousness. Now, as I tried to impress or emphasize in my paper, one child at school, the way things are managed in my county, may infect the whole school, and nobody ever know anything about it. And, I presume that that condition exists all over this country in our rural districts and small villages. And, then, another matter about it that seems to me is very important, although I am not an ophthalmologist and do not specialize in the treatment of the eyes, but having practiced medicine for a good long time, a good many cases have fallen into my hands. Now, I don't know what success others may have in the medical treatment, or what success they may have without the operative treatment, but in my experience, anything like a case of long standing becomes incurable without surgical treatment. That is to say, without enlarging the palpebral orifice and opening up the outer canthus of the eye so that you can get in there and squeeze out the infective material. Because, according to my experience, and according to my conception of the case, this infection rather selects that part of the eye, and, without opening up the corner in anything like a case where the conjunctiva is swollen and the outer canthus is contracted, it has been my experience that it is impossible to squeeze or get out all of the granular matter. Now, I make it a point, whenever I have a case of trachoma to treat, to tell that patient the first thing, "Now, I am going to have to operate on your eye. I am going to have to enlarge the corners of your eyes. If you don't want that done, I can't treat you. I can't cure you any other way. If you can do any better, you will have to go somewhere else."

I now appeal to this medical society to join in, and let us go before the legislature, through our committees for that purpose, and get some very positive law enacted in regard to trachoma, because if this war lasts some years longer, the Germans are going to lick us, because the next generation will be, about half of them, blind, unless some such measures are taken.

Dr. W. R. McCarroll (Walnut Ridge): I just want to say a few words on this subject. I don't feel hardly capable of talking about the diseases of the eye, when we have so many specialists here, but I have had some experience with trachoma. By the way, this is one of the things that the examination of men for the army has brought to our mind. I notice that Dr. Wood spoke of trachoma existing in the hill counties. I am a member of the medical advisory board, and I do know that in one of the counties that I had charge of we must have had 15 per cent of all the cases that came before us from that county had advanced trachoma. And I want to say that none of those boys want to be cured, either. You can warn every one of the dangers of it, and they pay no attention to you. Some of them live right at home, in my own county. I cautioned them about the trouble, and told them they ought to seek competent medical advice and have their eyes treated, but not one of them has ever done it. So, it looks like a little legislation on this subject might be in order.

Now, with reference to the treatment of trachoma, I have treated this trouble considerably, and I can offer you a little suggestion that will greatly alleviate the trouble and clear up the eyes, whether it will permanently cure it or not. I have the same superstition about the permanent cure of trachoma as the dentists have about the cure of pyorrhea alveolus, and about some other things. And with reference to Dr. Pettus's experiments that he mentioned this morning with copper sulphate, I want to say that it shines very brilliantly in the treatment of trachoma. If you will give the eyelids two or three treatments with the common copper sulphate, and then after that put them on

a solution of two per cent copper sulphate, and have these people use this for the eyes, I want to say to you that those eyes will clear up, those lids will get thin and soft and smooth and the cloudiness and discoloration about the cornea will disappear, and to all intents and purposes those people become cured. The way I have them use that copper sulphate solution, I take a two per cent solution, ten grains to the ounce, and give them a small quantity of it, and tell them to begin it on the strength of 1 to 20. They use it that way for ten days or two weeks; then, they use it 1 to 19, then 1 to 18, and so on down the line to 1 to 4. I have them continue on this strength of 1 to 4 for some time. Then it will not be necessary to use it more than twice a week; later on, once a week; and later on, once a month. And, those people's eyes will stay clear.

A woman who is practically blind, with her bonnet down over her eyes, with this treatment for six months, can thread her own needle, do all her own sewing, and her housework perfectly satisfactorily. I know this can be done, for I have done it in a great many instances. I have several patients now using this copper sulphate solution; just occasionally.

Dr. H. Moulton (Fort Smith): This discussion so far has done me more good than anything that has happened in a long time. I am going to touch up this matter of trachoma a little bit tomorrow, I hope. But, for fear that some of you might escape me tomorrow, I want to touch on one or two points right now. I was very much obliged to Dr. McCurry for bringing up this paper, and, while I agree with him in everything that he said, except possibly one point, I want to emphasize more the subject of trachoma right now, because I have become very intensely interested in that subject of late. It is appalling how trachoma is spreading in Arkansas. It is beginning to be a serious matter. I want to shake Dr. Wood by the hand, and this gentleman over here, Dr. McCarroll, for what they have said, because it proves to me that somebody besides the oculists are getting interested in this subject. Now, if this question of trachoma is left to the oculists, trachoma will spread and spread and make people blind by the hundreds in Arkansas every year, or impair their sight. Because, a few oculists scattered here and there, two or three in Little Rock, one in Jonesboro, and so on, cannot treat all these cases of trachoma that are occurring all over the State. If they are to be treated, and if trachoma is to be checked, every doctor in Arkansas must acquaint himself with what trachoma is, its course and history and how to treat it. Any doctor in Arkansas can learn how to treat trachoma if he will. The worst thing a doctor can get into his head is to say to himself, "These are eye cases, they belong to the oculist," and the worst thing for him, when a trachoma case comes to him, is to say, "That is an eye case. Go to Little Rock and see Dr. Vinsonhaler," or "to Texarkana and see Dr. Mann." Now, ninety-nine out of a hundred of those patients cannot pay their fare to Little Rock or Texarkana. There is the trouble. And, if they could, they could not stay there long enough to be cured. If every doctor in Arkansas would make it his business to know how to treat trachoma, instead of talking to the patients that way, they could check it. Because the treatment of trachoma takes a long, long time, and, by explaining the matter and by faithfully sticking to it, every case of trachoma can be carried beyond the contagious stage. Now, that is something. If you can carry it to a point where that patient is not going to give it to other people, you have done a lot. Then you have done a lot if you instruct the family how to avoid contracting it from the victim. All this is a hard thing to do, and the doctor who resolves to make a medical missionary out of himself in that respect

takes a heavy burden on his shoulders, because there are so many of these patients that cannot do much. The doctor has got to do the most of it, with the idea that what he is doing is for the good of humanity rather than for himself. It will help himself in the end, because many of these patients will, under his care, prove to be capable of earning a living, and making enough money to pay him for taking care of some other kind of illness.

Something must be done, we must all exert ourselves some way or other to check this spread of trachoma. The legislature may be able to do something to help us. I understand that the National Government is talking about going into Northwest Arkansas and establishing a hospital. I don't know how true it is. I think Dr. Garrison informed us about that.

In regard to the Credé treatment for the prevention of ophthalmia neonatorum, there is a controversy as to whether it is always necessary to employ nitrate of silver or some kind of substitute. I will say that the treatment devised by Credé is the two per cent solution of nitrate of silver.

A few years ago under, the direction of Vierhoff, of Boston, who is probably the leading pathologist in diseases of the eye in this country, a series of experiments were carried out with argyrol. Now, others have carried out the same experiment, but I note Dr. Vierhoff because of his high standing. It was found that argyrol was not a bactericide. It is exceedingly efficacious in some way in the treatment of ophthalmia neonatorum, and even Dr. Vierhoff admits that; but he does not attribute it to its bactericidal properties, but to its mechanical cleansing properties. If that is true, we would not feel like trusting it if we had a drop of gonorrheal pus in our eyes. A two per cent solution of nitrate of silver will kill those germs. We know that.

Dr. L. E. Willis (Newport): I want to ask the doctor one question; to give us the statistics about the negro as compared to the whites. We know that the negroes live in very unsanitary surroundings, and most of the cases that I see are the poor whites. I would like to have the statistics on the negro.

Dr. R. H. T. Mann (Texarkana): Just a word on this question of trachoma. Trachoma has been the bane of my office as it is, no doubt, of a great many. A few years ago, in a chronic case, I began the use of the tarsal resection in trachoma. Of course it wasn't original at all. I have done more than fifty of these operations now and never have yet regretted having done a single one, because the patients have gotten uniformly good results. I want to say this, that I believe that, if you will do a tarsal resection on one eye and treat the other eye, you will pretty soon find out which is the better of the two methods, and I believe, when this method has been given a good trial by all the men they will be thoroughly satisfied with the good results obtained therefrom. The patients recover usually in from ten days to a month, and that is the end of it. They go home and go to work, instead of laying around a doctor's office for a year or two years or three years and then, later on, go to some other doctor, and having the eyes rubbed and treated in every way, some of them for ten or twenty or twenty-five years. I have seen them rubbed with copper sulphate for thirteen years, I have tried operation on fifty patients and my results have been uniformly satisfactory.

Dr. Moulton: In what stage of trachoma do you do that operation?

Dr. Mann: Given a well-marked case of trachoma, the operation is the thing, I think. I have tried it on fifty patients, as I have stated, and the results have been uniformly satisfactory. I am not asking that it

be tried on all cases. I am only asking you to try it on one eye and treat the other one; then you can compare the results.

Dr. R. E. Bradsher (Marmaduke): That is pretty good evidence that there has been nothing found satisfactory. I have tried most everything, and for the last two years, I think, I have had splendid results from tarsal massage. A few years ago I was in New Orleans, at the Touro Infirmary, and they were doing it; W. T. Dimitry, T. A. Diggins, and Dr. Dunn, and a number of others. Since that time, I have done tarsal massage with the ordinary glass rod, about the size of the rod you have, with a loop in it, and a little cotton on it, and simply roll the tarsus, instead of taking out the tarsus; just massaging it and rolling it; and I have had better success with it than with any other treatment. I would be glad to show just how they do it. It is not original with me. It is original with T. A. Diggins, who has been doing it for some twenty-five or thirty years. You notice most cases of trachoma, they are not able to open their eyes. If you do this tarsal massage, in just a few days they can open their eyes just as wide as any one else. I want to commend that treatment to you. I think, if you will try it, you will be satisfied with the results.

VOLUNTEER MEDICAL SERVICE CORPS.

The Council of National Defense authorizes the following:

Early in February each physician in the United States exclusive of those who served in the Medical Corps of the Army for the past two years and members of the Volunteer Medical Service Corps, received a communication from the Council of National Defense, requesting that he fill out and return promptly to the Washington office an accompanying questionnaire, so that there may be on file in Washington complete individual information covering the members of the profession. Simultaneously with the distribution of these questionnaires, State and county representatives of the Volunteer Medical Service Corps were instructed to urge all doctors in their communities to comply promptly with the request of the Council to fill out and forward promptly to Washington the blanks sent them; and to advise those who by any chance failed to receive blanks, to communicate with the Council of National Defense at once in order that application blanks might be furnished them.

The Volunteer Medical Service Corps was

organized early in 1918 to serve the Government during the emergency of war. As this emergency has ceased to exist, active membership in the Corps is no longer solicited. However, the survey initiated by this organization last year has proved of such value as a source of information concerning the individual members of the medical profession that the Surgeons General of the Army, Navy, and Public Health Service have requested the Council of National Defense to complete it so as to include every doctor in the country, in order that a permanent record of the profession may at all times be available for reference in future emergencies. Upon their completion, the records will be transferred to the Surgeon General's library, where they will be kept up to date by a force assigned for that purpose, and be accessible to all government bureaus.

Every physician is requested to co-operate with the Council of National Defense in making this record complete by returning at once the questionnaire received or by writing to the Medical Section of the Council of National Defense, Washington, D. C., and requesting that a blank be sent him if through an oversight he did not receive one.

THE HARRISON ACT.

As amended by the new War Revenue Act, will be mailed postpaid to any druggist, physician, dentist or veterinarian who will send a postal request therefor to "Mailing Department, Parke, Davis & Co., Detroit, Mich." Please observe directions strictly.

I consider the medical profession the noblest of all professions, and I believe that those who embrace it are, as Stevenson puts it, the flower of our civilization, and that there are fewer defects and more virtues among them than among any other class of men.—*Robert W. Chambers to the Medical Review of Reviews.*

THE JOURNAL

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

THE MAY MEETING.

After this number only two issues of the Journal for March and April will be out before the next Annual Meeting of the Arkansas Medical Society convenes in Little Rock. This is our excuse, if any be needed, to again remind volunteers of the necessity of sending in their names to Dr. A. L. Carmichael, Southern Trust Building, Little Rock, chairman of the program committee, advising him of the name of the paper they will deliver. Likewise, it is time that such papers were in course of preparation. It is only a few weeks before the convention and no physician can devote all his time to his paper. He must snatch odd hours when not busy, to do the work, and beginning right now there will be little surplus time for the busy doctor.

Another word about the Annual Meeting. The rules require that all dues shall be paid and reported by County Society secretaries and in the hands of the State Society Secretary thirty days before the convention meets. Otherwise the delinquent County Society will not be entitled to representation in the House of Delegates. We want every County Society represented to the full extent of its rights under the allowance of delegates. Only so can a large attendance be assured and the meeting made the success we all hope for.

THE LEGISLATURE AND THE PUBLIC HEALTH.

It is to be regretted that just as Arkansas seemed to be making some progress toward achievement in its State Health Department, reinforced as it has been by the United States Public Health Service, that certain legislators have come to the front with measures inimical to State and County Health Work as well as to the Medical School. This position is the more remarkable in view of the fact that we have just passed through a serious State-wide epidemic of influenza in which the efforts of both State, County and United States Public Health departments have done such signal service. Without such co-ordinated work there is no telling where the epidemic would have stopped.

And now comes the Johnson bill which would utterly destroy the efficiency of the State Board of Health. There are in the State many opponents of vaccination. Need-

less to say such opposition is based, not in conviction resulting from scientific study of vaccination, but merely in prejudice. The result has been that in some communities compulsory vaccination has been difficult to enforce and attempts to enforce it have ended in asking courts for injunctions. The courts have sustained the State Health rules and because of this fact we have this bill which would leave enforcement of vaccination or any contagious diseases preventive measures to a majority vote in any township or school district. If one township in a county, or one school district should elect to be exempted from any State Health Board order, in case of an epidemic, the whole county and State might well be menaced. Probably not in any other State in the Union has so backward a step been taken in the important matter of the public health service. Physicians know only too well how difficult it is under the most favorable circumstances, to strictly enforce health and sanitary laws because of ignorance, prejudice and indifference and to leave so important and vital a question as that of disease prevention to the vote of laymen would mean to utterly destroy the usefulness of the State Board of Health.

Not content with this assault on one of the most important factors in State Government another measure would abolish the Medical School at the end of the present session. It is incredible that, in spite of the efforts of a few prejudiced extremists, that a majority of the members of the House and Senate should, on a final vote, support such ill-advised measures.

MENTAL HYGIENE.

The United States Public Health reports of the date January 17, call attention to the necessity of taking closer cognizance, by physicians generally of mental disorders. According to the last census reports there were 187,791 persons in hospitals for the insane, and 20,731 in institutions for the feeble-minded. The lowest estimate shows two insane and four feeble-minded to every 1,000 population. That this estimate is too low would seem to be proven by the fact that in the examination of the first draft registrants, 24 per 1,000 were rejected because of mental and nervous disorders. Many others should have been rejected but the symptoms were not recognized, developing only with the stress of service overseas or in cantonments.

Then there are the inmates of jails, penitentiaries, almshouses and other penal or charitable institutions. Crime, so-called, is often due to mental disorders, hereditary or otherwise. Poverty and shiftlessness are often due to the same cause. Over half of the 84,000 inmates of almshouses are mentally deficient. Of the 136,472 inmates of prisons of all sorts, 30,000 are mentally deficient. These figures call for action.

It is not an easy problem. From the paranoiac, perhaps harmless but who may not remain harmless, to the violent madman, the gradations are almost imperceptible. The boasting, self-important paranoiac, obsessed with ideas of his own grandeur, may pass for a sane but conceited fool, being apparently fully capable of attending to his business affairs. Then perhaps, as in the famous Dr. Duestrow case in St. Louis, a paranoiac who in a sudden accession of fury killed his wife and babe, the community wakes up to find it has allowed a dangerous madman to be at large. Our system of passing on insanity is faulty. In most States the matter is left with a jury of laymen who know nothing whatever of the fine distinctions between sanity and mental disease. Then come the so-called nerve experts to further puzzle the jury. Over and over again murderers have been proven insane after the commission of crimes which would not have been possible had the insanity and its dangerous type been recognized officially and the sufferer confined in time. Over and over again successful men have left wills which have been attacked, and lo! a host of witnesses have testified to a belief in the mental unsoundness of the testator of which condition they kept a masterly silence during his lifetime.

But there is a remedy. Early recognition of mental disease, attention to the causes and proper treatment in time would materially decrease the alarming number of the mentally unsound. The medical fraternity could engage in no better nor more useful work to society.

Abstracts.

IRRITABLE BLADDER IN WOMEN.

C. A. L. Reed, Cincinnati (Journal A. M. A., February 1, 1919), describes irritable bladder in women as being a condition in which severe pain in urinating and frequent desire to urinate make life miserable for the

patient, and trying to the physician. The underlying condition is abnormal sensibility of the lining of the bladder itself, which may be conditions either external or internal. Those working from the outside usually act by pressure, such as in cases of pregnancy, uterine displacements or tumors. Among the conditions arising within the bladder and that have a causative bearing on the symptoms acute infections, generally gonorrheal, tuberculous infection, local growths, benign or malignant; calculi, diverticula, etc., may be named. In a certain proportion of cases, circumscribed ulceration, the so-called Fenwick ulcer, near the outlet has been found the essential condition. Another form of ulcer is specially mentioned, which might be designated as the Hunner ulcer, first described by Dr. H. L. Hunner; or, better, as the punctate ulcer of the bladder, as being more descriptive. Importance of differential diagnosis in those cases from early thorough examination is emphasized, and three cases are reported. The symptoms are those of the irritable bladder first mentioned, and the urinalysis findings are usually negative. Reed reproduces the description given by Hunner as he has found it most accurate and helpful. He calls attention to a glazed dead white appearance of a portion of the bladder mucosa as seen through the cystoscope. Sometimes there are small congested areas in the immediate neighborhood of this, which sometimes ooze blood and are often surrounded by an area of edema. In certain of these cases, Reed has observed a granular appearance suggestive of tuberculosis, but which we now know, from Hunner's research, is due to the development of minute cysts with mucous lining. The diagnosis of punctate ulcer is based on the history of the case, the existing symptoms and the urinalysis and cystoscopic findings. The causes have not yet been fully determined, but the possibility of focal infection is admitted, though longer observation is required. The pathology, so far as developed, seems to be that of a chronic interstitial nephritis, more or less involving the bladder wall. The treatment seems to be reduced to surgery, the complete excision of the ulcer-bearing area. The original method, devised by Hunner, was extraperitoneal, and was employed in the first of Reed's cases, while his other two were treated by a transperitoneal operation.

EMPHYEMA.

Observations on the empyema following influenza pneumonia at Camp Grant, Rockford, Ill., are reported by Major Max Ballin, Detroit (*Journal A. M. A.*, Feb. 1, 1919). The pneumonia was grouped in three types and the empyema, similarly, (1) the empyema following hemolytic streptococcus pneumonia; (2) that following lobar pneumonia, and (3) that following influenza pneumonia. In the winter of 1917-18, when the streptococcus epidemic occurred, the method used following lobar pneumonia, as we know it, that is, that of early evacuation by drainage through wide incision, preferably by costectomy, was employed. The result of this treatment was so unfortunate, the mortality being about 50 per cent., that the Surgeon General sent an Empyema Commission to investigate. Several points were brought out: First, not to operate until after the pneumonic process had subsided; second, to aspirate if respiration was interfered with; third, to operate only after pus had formed, and then by intracostal incision or better by rib resection. Following these rules there was only one death in twenty-three cases. The principles laid down for the streptococcus epidemic, however, do not apply for the influenza cases, in which the large amount of exudation in the chest calls for early and repeated aspiration, and costectomy was an error. The differentiation of the two forms is made by the later appearance of the empyema complication in the influenza cases, the lack of early exudate, the process requiring at least four weeks and the character of the exudate itself, which is at first a gray-reddish fluid with small flakes in the streptococcal cases. In the influenzal cases it is from the beginning thick and purulent, and sometimes containing large, fibrinous masses. This is unsuited for aspiration and requires a large opening for drainage. The influenza empyema also differs from that following lobar pneumonia, as does the influenzal pneumonia itself differ from the lobar cases. The following are the special characteristics of the influenzal type: "1. It is complicated more frequently by other metastatic abscesses, and for this reason is accompanied by a greater mortality. 2. In roentgen findings, fluid levels are absent. The exudate takes in the whole chest or is encysted. 3. Large lung abscesses are found frequently complicating lobar pneumonia in roentgenoscopies as well

as in necropsies. In influenzal pneumonia they are not found." The empyema is of a less favorable prognosis, the death rate probably running up to 20 per cent. The empyema is only one of the complications occurring. There is no fluid level, and the lack of abscesses is notable. The diagnosis of empyema should be based on the typical chart of such cases, exploratory puncture, and the roentgen ray. In treatment, only local anesthesia should be employed, and Ballin describes the technic fully. The operation has been followed by about 14 per cent of fatalities. All the patients that died had some complication rendering the case more severe, either suppurative meningitis or cholecystitis, etc. The Dakin treatment did not seem to lessen the mortality. In the after-care proper attention to caloric feeding is important, and also to fresh air and early muscle exercise. Special care is to be taken to elevate the arm on the operate side at every dressing to prevent rigidity of muscles.

Personals and News Items.

Dr. and Mrs. L. Kirby of Harrison visited in Little Rock last month.

Capt. L. J. Kosminsky, M. C., U. S. Army, has returned from France and resumed his practice in Texarkana.

This is to remind you to pay your annual dues to your local Secretary at once, in order that remittance may be made promptly to the State Secretary.

Advertising keeps new and fresh goods on sale, while unadvertised goods go stale, and are shop-worn. Advertising is a guaranty of quality.

"Don't worry, Friend: When everybody has been tonsillectomized there will still be the spleen which seems not to have any useful function."

A conservative estimate of the total mortality in the United States from the epidemic of influenza, by the United States Public Health Service is that between 300,000 and 350,000 deaths have occurred.

The report of the Committee on Cancer Research reported last year at the Jonesboro meeting of the Arkansas Medical Society has been republished by the American Society for the Control of Cancer, New York City.

A recently completed analysis of the statistics of over ten million wage earners insured in the Metropolitan Life Insurance Company, shows that during 1918 the mortality was higher by more than 30 per cent.

If the Program Committee that is preparing the program for the annual meeting requests your co-operation do not hesitate or decline. We want every member to do his best to make this one of our most successful meetings in point of scientific value as well as attendance.

The United States Civil Service Commission announces open competitive examinations for medical interne, on March 12, April 9 and May 7, 1919. Applicants must be unmarried. Apply for a Medical Interne form 1312, Civil Service Commission, Washington, D. C.

At the regular meeting of the Arkansas County Medical Society, held at Stuttgart, October 8, 1918, the following officers were elected to serve during 1919: President, Dr. A. Fowler, Humphrey; Vice President, Dr. B. L. Hill, Stuttgart; Secretary-Treasurer, Dr. E. B. Swindler, Stuttgart; Delegate, Dr. L. H. Morphew, Stuttgart; Alternate, Dr. M. C. John, Stuttgart.

TO HAVE HEALTH BOARD.

Helena Appropriates \$100.00 a Month For Public Health Service.

Helena Feb. 8.—Following an address before the City Council by Dr. Aris W. Cox, a resolution was adopted favoring the appropriation by the city of \$100 a month to be used in conserving the public health, the action of the council being contingent upon similar action by West Helena and Marvell. These towns will be expected to provide monthly sums of \$50 each. With this sum available County Judge Moore will supply an additional \$4,100 annually, and the entire fund will be used in establishing a public health service and the employment of competent health officers.

It is proposed to have a bill passed by the legislature placing Phillips County in charge of an independent health board which will employ and superintend the work of a general health officer and a bacteriologist. Under the plan proposed a county health service will be established with competent men in charge,

who will be clothed with full authority to protect the public health.—*Arkansas Gazette*.

FIRST AID INSTRUCTION IN PUBLIC SCHOOLS.

A knowledge of ordinary first aid methods has been generally recognized by public health officials, medical organizations and individuals as essential because of the increasing complexities of modern industrial life.

Convincing proof of the necessity for the work of the Red Cross in first aid instruction, will be found in a study of the following facts:

It has been conservatively estimated that between 90,000 and 100,000 fatal accidents occur annually in the United States, and that five times that number of accidents occur which so disable individuals that they can no longer earn their own living. Computing the earning capacity of each of this latter group at the low rate of \$500 per annum, gives an aggregate loss of wages of \$250,000,000 annually. These figures, of course, take no account of the suffering and sadness brought into thousands of homes, which cannot be measured in terms of dollars and cents, the charges for medical care, the expense incurred by legal claims and damage suits, or the loss to employers.

According to the Interstate Commerce Commission there were 206,723 casualties on the steam railways of the United States for the year ended December 31, 1916; of these, 10,001 were deaths. These figures show an increase over the year ended December 31, 1915, of 1,371 in the number of persons killed and 34,835 in the number injured.

The United States Bureau of Mines reports for 1916 show that out of a total of 720,971 men employed in the coal mines of the United States, 2,226 were killed, or, to put it more graphically, one life was sacrificed for every 265,000 short tons of coal produced.

Recognizing these facts the American Red Cross has begun a movement through the various divisional offices, with the consent and co-operation of the State Superintendent of Public Schools concerned to place on the school curriculum of all high schools a course in first aid instruction.

The American Red Cross has for many years supervised the formation and teaching of classes in first aid. These classes were voluntary and designed for adults. The greatest

number of those availing themselves of this course were women who through this course became fitted to take care of most household emergencies, though minor usually in character from an overwhelming percentage of all injuries. The greatest number of severe injuries occur among men about their work. With this fact in mind the American Red Cross has endeavored to reach this type of injury, and has trained many men in the factories and mills.

It is obvious that this type of teaching is unsatisfactory as it is all voluntary and depends wholly upon the enthusiasm and energies of a certain few who may see the necessity for this work and develop the class. It will also be noted that the class must be held outside of working hours, so that the class as a rule are not as receptive to instruction as would generally be believed. It has been found that a majority of the classes formed were women. The one place then where we can be sure of reaching a larger number of the male sex, and of reaching both sexes at a time when right reactions are readily set up, is in the high or preparatory school. And the ideal time for such teaching is in the second year of such schools, because having mastered the principles of first aid, the pupil has an opportunity to apply them to all the little mishaps that characterize school activities in the gymnasium, in the athletic field, in the manual training shop, about their homes and outdoor sports and games.

It is only necessary to cause you to think how many children gather about an injured person, an ambulance or an accident of some kind to show you the natural enthusiasm which exists in children for this subject. The proposed course will be one of the most interesting of their high school work and because of the natural enthusiasm the greatest possible good can be accomplished.

Book Reviews.

MENTAL DISEASES.—A handbook dealing with diagnosis and classification. By Walter Vose Gulick, M. D., assistant superintendent Western State Hospital, Fort Steilecoom, Washington. Illustrated. Published by C. V. Mosby Company, St. Louis, Mo. Price \$2.00.

The short chapters in this book undertake a statement as to the data essential in the recognition of the different psychoses.

INFORMATION FOR THE TUBERCULOUS.—By F. W. Wittich, A. M., M. D., Instructor in Medicine and

physician in charge Tuberculosis Dispensary, University of Minnesota Medical School. Published by C. V. Mosby Company, St. Louis, Mo., Price \$1.00.

This book deals with questions which frequently arise and which are constantly asked by those struggling against tuberculosis.

ABSTRACT OF WAR SURGERY.—Prepared by the Division of Surgery, Surgeon-General's Office. Published by C. V. Mosby Company, St. Louis, 1918. Price \$4.00.

This volume presents an abstract of the war literature of general surgery, that has been published since the declaration of war in 1914.

NURSING IN DISEASES OF CHILDREN.—By Carl G. Leo-Wold, M. D., Chief of Clinic for Sick Babies and Children for the Health Department of the City of Buffalo, N. Y.; Instructor in Pediatrics, University of Buffalo, Medical Department. 314 pages, with 72 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$2.50.

This book describes the things which the nurse will require in her work and to develop in her the powers of observation.

SURGICAL AND WAR NURSING.—By A. H. Barkley, M. D. (Hon.), M. C., F. A. C. S., Lecturer at Good Samaritan Hospital Training School for Nurses; Consulting Surgeon, Good Samaritan Hospital, Lexington, Ky. 208 pages, with 79 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$1.75.

This volume describes only such phases of nursing as seem of practical use in the average surgical case.

PRINCIPLES AND PRACTICE OF INFANT FEEDING.—By Julius H. Hess, M. D., Professor of Pediatrics, University of Illinois, College of Medicine, Chicago. Illustrated. Published by F. A. Davis Company, Philadelphia, 1918. Price \$2.00.

This volume presents the subject of infant feeding in a concise form. Part I describes the "General Considerations." Part II "The Nursing." Part III, "Artificial Feeding." Part IV, "Nutritional Disturbances in Artificially Fed Infants." Miscellaneous subjects are given in the appendix.

ROENTGEN DIAGNOSIS OF DISEASES OF THE HEAD.—By Dr. Arthur Schuller, Vienna. Authorized translation by Fred F. Stocking, M. D., with a foreword by Ernest Sacks. Approved for publication by the Surgeon General of the United States Army. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$4.00.

This book is intended to help out in the matter of diagnosis of cranial conditions. The beautiful illustrations and diagrams bring out most clearly the various points described in the text.

SURGICAL TREATMENT.—A practical Treatise on the Therapy of Surgical Diseases for the use of the Practitioners and Students of Surgery. By James Peter Warbasse, M. D., formerly Attending Surgeon to the Methodist Episcopal Hospital, Brooklyn, New York. In three large octavo volumes, and separate desk index volume. Volume II contains 829 pages with 761 illustrations. Philadelphia. Published by W. B. Saunders Company, 1918. Per set (three volumes and the index volume): Cloth \$30.00.

The contents of this volume include the treatment of injuries and diseases of the head, spine, neck, thorax, breast and abdomen.

OTOLOGY.—A Manual. By Gorham Bacon, M. D., assisted by E. L. Saunders, M. D. Seventh edition, revised and enlarged. With 204 illustrations and two plates. Published by Lea & Febiger, Philadelphia, 1918. Price \$3.00.

The demand for another edition of this book proves that it is still fulfilling its original purpose of reference for the general practitioner. About forty pages of new matter and illustrations have been added to this revised edition. Among the new pages we find the ear tests required by the United States Government for candidates for the aviation service.

THE PRESCRIPTION.—Therapeutically, pharmaceutically, grammatically and historically considered. By Otto A. Wall, Ph.G., M. D., Professor of Materia Medica, St. Louis College of Pharmacy. Fourth edition. Published by C. V. Mosby Company, St. Louis.

To those who desire a complete knowledge of what a prescription was, is and should be, will find all the necessary information in this little volume. Of especial value and interest is the section on the use of the metric system in prescribing, and easy methods of acquiring the ability to write correct prescriptions of this kind are thoroughly explained.

DISEASES OF THE SKIN.—By Richard L. Sutton, M. D., Kansas City. Professor of Dermatology, University of Kansas School of Medicine. With 833 illustrations and eight colored plates. Second edition, revised and enlarged. Published by C. V. Mosby Company, St. Louis, Mo.

The demand for this excellent textbook on diseases of the skin has been met with a beautiful illustrated second edition. Among the many strong points in its favor we wish particularly to comment on is the accuracy of the pathology of skin lesions.

The symptomatology, diagnosis and treatment of the various disorders are presented as clearly and simply as possible.

PHYSIOLOGY AND BIOCHEMISTRY IN MODERN MEDICINE.—By J. J. R. Macleod, M. B., Professor of Physiology in the University of Toronto, Canada, assisted by Roy G. Pearce, B. A., M. D., Director of the Cardiorespiratory Laboratory of Lakeside Hospi-

tal, Cleveland, Ohio, and by others. With 233 illustrations including eleven plates in colors. Published by C. V. Mosby Company, St. Louis, Mo. Price \$7.50.

In this book particular emphasis is laid upon the application of the subject in the routine practice of medicine, by reviewing those portions of physiology and biochemistry which experience has shown to be of especial value to the clinical investigator.

It deals with present-day knowledge of human physiology in so far as this can be used in a general way to advance the understanding of disease.

DISPENSARIES.—Their management and development. A book for administrators, public health workers, and all interested in better medical service for the people. By M. M. Davis, Jr., Ph.D., Director of Boston and A. R. Warner, M. D., Superintendent of Lakeside Hospital, Cleveland. Published by the Macmillan Company, New York, 1918. Price \$2.25.

In the preface we find the purpose of this book described, first "The history and present extent of the Dispensaries in the United States," second, "The daily conduct of Dispensaries, and practical details which people working in Dispensaries need to know," and third, "To present the Dispensary as a form of organization not only for rendering efficient medical service to the people but to benefit the medical profession by stabilizing the economic position of the average physician."

A TEXTBOOK OF PHYSIOLOGY FOR NURSES.—By William Gay Christian, M. D., Professor of Anatomy, Medical College of Virginia, and Charles G. Haskell, M. A., M. D., Professor of Physiology and Pharmacology, Medical College of Virginia. 168 pages, illustrated. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$1.75.

HYGIENE FOR NURSES.—By Nolie Mumey, M. D., Lecturer in Hygiene, Chemistry and Bacteriology, Logan H. Roots Memorial (City Hospital) Training School; Assistant Instructor in Surgical Technic, University of Arkansas; Resident Physician of City Hospital, Little Rock, Ark. 160 pages, 75 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price \$1.25.

In presenting this book the author gives to the pupil nurse the facts pertaining to hygiene without going into detail and burdening their minds with statistics that are not practical in her work. Dr. Mumey deserves the congratulations of the City Hospital Staff for his splendid presentation of this subject.

THE HUMAN SKELETON.—An Interpretation. By Herbert Eugene Walter, Associate Professor of Biology, Brown University. With 175 illustrations. Published by the Macmillan Company, New York, 1918. Price \$1.75.

The author of this book says: "To become better acquainted with your skeleton is a

source of intellectual satisfaction. The skeleton being an essential part of the bodily machine, which we must use every day, much success in living depends fundamentally upon its competent and skillful control."

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PERSONAL HYGIENE AND HOME NURSING. A practical text for girls and women for home use. By Louisa C. Lippitt, Assistant Professor of Correction Exercises, University of Wisconsin (in New-World Science Service, edited by Professor John W. Ritchie). Illustrated. Cloth vii-256 pages. Price \$1.28. Published by World Book Company, Yonkers-on Hudson, New York.

The purpose of Miss Lippitt's text book is to explain the means by which girls and women may obtain health and happiness in the present and lay the foundations for sane and vigorous lives in after years. In clearest terms it lays down practical instructions for the conduct of their daily lives. Not only are the rules set out, but the reasons which underlie them are made clear. Directions are given for preventing the spread of infection from cases of communicable diseases; and instructions are furnished for the care of oneself and one's family in cases of accident or sickness.

THE SURGICAL CLINICS OF CHICAGO.—Volume II, No. 5 (October, 1918). Octavo of 193 pages, 87 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year, paper \$10.00; cloth \$14.00.

An interesting article in this number, a clinical lecture on the acute abdomen, is by Dr. Daniel N. Eisendrath, Cook County Hospital. A summary of the lectures is as follows: Acute lesions of the spleen; differentiation of torsion of the omentum, acute suppurative epiploitis, occlusion of the mesenteric vessels, acute infections of the mesenteric lymph-nodes. Meckel's diverticulitis. Intestinal obstruction. Signoid diverticulitis. Infections of the cecum and appendix. Peritonitis. Acute affections of the genito-urinary tract. Extra-abdominal causes of acute symptoms. Exploration of patient presented at beginning of lecture—discovery of appendiceal abscess in an unusual location. (The patient was a man of fifty, never ill until two weeks prior to admission to the hospital. He

had been suddenly seized with pain in the right side of the abdomen and around the umbilicus; on account of his high temperature, rapid breathing, and upper abdomen rigidity a diagnosis of thoracic disease with reflex abdominal symptoms had been made by another surgeon.)

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Colonel Theodore Roosevelt, shortly before his death, arranged to give substantial expression of his gratitude to the people of the little village in France near which his son, Quentin, is buried. Through the Red Cross he provided that \$6,900 of the Nobel Peace Prize money awarded to him should be used for the benefit of the simple country people who have kept Quentin's grave covered with flowers.

Colonel Roosevelt left the decision of the exact form his gift should take to the discretion of the Red Cross, and that organization is now trying to ascertain the wishes of the villagers.



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THE JOURNAL

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PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOL. XV.

LITTLE ROCK, ARK., MARCH, 1919

No. 10

Original Articles.

EXTRA CANTONMENT ZONE SANITATION.

(A Compilation of Results.)

CAMP PIKE AND EBERTS FIELD, ARKANSAS.

By

J. C. Geiger, Assistant Epidemiologist,
R. E. Tarbett, Sanitary Engineer,
C. C. Pierce, Assistant Surgeon General,
(In Charge June, 1917-June, 1918.)
U. S. Public Health Service.

The following report covers in a general way the activities of the U. S. Public Health Service in co-operation with the Army, State and local authorities, business and other civic organizations in the zones surrounding Camp Pike and Eberts Field.

The activities were confined largely to the areas near the camps but were extended along some lines to include the entire counties of Pulaski and Lonoke.

The object of the work was primarily to protect the health of the military forces which in many ways was dependent upon the health conditions of the area within which the camps were located.

A secondary object was to demonstrate to the people within the district that improved health conditions were a valuable asset to the community and that public health was a purchasable commodity.

The main object of the work has been accomplished. As to the secondary object; if it has been possible to bring the people of the two districts to the realization that public health and public wealth are closely allied and to awake in the people a desire for better health and sanitary conditions, we feel that the work has been worth while.

HISTORICAL.

In May, 1917, when the question as to the location of cantonments was uppermost in the minds of both the Army authorities and the public at large, the Little Rock Board of Commerce through the business manager, George Firmin, conceived the idea that Little Rock was the logical location for one of these cantonments. With this idea in view, a committee comprising General Lloyd England, chairman; George Firmin, W. B. Smith, Ed Cornish, Albert Cohn, H. L. Remmel, W. W. Dickinson, Herman Kahn, Moorhead Wright, W. L. Hemingway, C. J. Lincoln, J. F. Speed, and Dr. C. W. Garrison, was appointed. This committee, with State Health Officer, Dr. C. W. Garrison, made a survey of the district for desirable sites before taking up the question with the Army authorities. With several possible sites in view, of which the present site of Camp Pike on the plateau seven miles to the north of the city, appeared the best, the campaign to secure favorable decision by the Army authorities appeared imminent when a set-back was encountered, due to an unfavorable report upon the site, made by an officer of the Medical Corps of the Army. This report stated that malarial conditions in this district were such that the location of a camp was not only inadvisable but dangerous. The report further stated that malarial control would be practically impossible.

That the report was correct as to the malarial prevalence was confirmed by State Health Officer C. W. Garrison, but the committee was informed that control methods could be instituted and the malarial conditions eliminated. Dr. C. W. Garrison advised the committee to make available a fund of \$50,000 to be expended upon malarial control measures under Federal direction and to be ready to supplement this with \$25,000 more if needed. Dr. Garrison further advised the committee that he would request the Sur-

geon General of the U. S. Public Health Service to detail officers to this district to make surveys and to advise as to the work necessary. Dr. Garrison's advice was followed, and a favorable decision was obtained from the War Department.

In order to finance the work incident to the establishment of the camp a company known as the Army Post Development Company was formed. Reference made hereafter to the Army Post Development Company may be considered as reference to the Board of Commerce.

Pursuant with Dr. Garrison's request made upon the Surgeon General of the Public Health Service, Surgeon W. H. Frost, Sanitary Engineers J. A. LePrince and R. E. Tarbett were instructed to proceed to Little Rock, make sanitary and malarial surveys and advise the authorities as to the measures necessary to protect both the men who might be stationed at the new camp and the civilian population.

Surgeon Frost and Engineer Tarbett arrived in Little Rock on June 18, 1917, Sanitary Engineer LePrince joining the party on the 20th. Later this survey party was increased by the arrival of Assistant Surgeon H. F. Smith and Sanitary Bacteriologist M. V. Veldee.

At the request of the state and local health authorities, Surgeon Frost requested the Surgeon General of the U. S. Public Health Service to detail an officer of that service in this district to act in an advisory capacity pending more definite arrangements. Senior Surgeon C. C. Pierce was thus detailed, and arrived on June 28th.

From conferences held with the State and local health authorities and with the committees of the Board of Commerce it appeared advisable to form a sanitary district or zone to include the cities of Little Rock and Argenta and such sections of Pulaski County as were necessary for protective health purposes about the proposed camp. It was further considered advisable that this work be carried on under one head, preferably an officer of the Public Health Service with whom the State and local health officials would co-operate. Following this conference and pending arrangements of the technical details, Senior Surgeon Pierce assumed charge, Sanitary Engineer Tarbett and Sanitary Bacteriologist Veldee being detailed temporarily with Dr. Pierce.

In order that proper status might be secured and an officer of the U. S. Public Health Service be detailed as administrative officer, it was necessary that request be made upon the Surgeon General by the Governor of the State. To this end letters were addressed to State Health Officer, C. W. Garrison, by the mayors and councils of the two cities and by the Probate Judge of Pulaski County, asking that the request above be made promising financial support and that such regulations as were necessary would be enacted and enforced. As the Board of Commerce was desirous of having the work necessary to fulfill their obligations carried on under the direction of the Public Health Service, that body also made a formal request similar to that made by the city and county authorities. On July 18, Senior Surgeon C. C. Pierce was detailed by Surgeon General Blue to have administrative charge of health and sanitation in the zone of Camp Pike.

The plan of Extra Cantonment Zone Sanitation originated and was first put into operation in this zone. This plan here adopted has been generally followed in the other war activity zones.

ORGANIZATION.

The organization for carrying on the work was developed during the summer of 1917 but has varied considerably in its personnel due to transfers and replacement of officers of the Public Health Service. Local employees and city employees working under the direction of the service have been more or less permanent.

Senior Surgeon C. C. Pierce was in charge of the work from the start until July, 1918, when he was relieved by Passed Assistant Surgeon L. O. Weldon, who in turn was replaced by Assistant Epidemiologist, J. C. Geiger on July 26, 1918.

Of the service officers, Assistant Epidemiologist J. C. Geiger and Sanitary Engineer R. E. Tarbett have been connected with the work since the start, Dr. Geiger having charge of the health work in Argenta until January 1, 1918, and of the work at Lonoke from that date until he assumed charge of all activities, and Mr. Tarbett having charge of all anti-mosquito work in both zones and acting as consulting engineer for the organization.

OUTLINE OF WORK.

The work carried on may be classified under several different heads but are all more or less correlated.

The different divisions of the work are:

1. Malaria Control.
2. Communicable Disease Control.
3. Venereal Disease Control.
4. School Inspection.
5. Public Health Nursing.
6. Control over Production and Sale of Milk and Milk Products.
7. Control over Preparation and Sale of Food and Drink.
8. Control over Slaughtering and Sale of Meats.
9. Control over Barber Shops and Manicure Parlors.
10. Rural Sanitation.
11. General Sanitation.
12. Laboratory.
13. Publicity and Education.
14. Financial Statement.
15. Lonoke County.

MALARIAL CONTROL WORK.

GENERAL.

Before the arrival of officers of the Public Health Service work was started on Five Mile Creek by the Army Post Development Company. On the arrival of Sanitary Engineer J. A. LePrince, the plan of work was mapped out as follows:

The work within the camp and the extra zone about the camp was to be carried on by the Army Post Development Company. The work in Argenta was to be paid for by that city and the work within the city of Little Rock by that city, sufficient funds for starting this work being authorized. A. M. Lund of the firm of Lund & Hill, Consulting Engineers, was employed by the Army Post Development Company to supervise the work carried on by them and the city engineer of Little Rock, Henry Levinson, was to direct the drainage operations within the city. Oil-ing operations north of the river were to be under the direction of Mr. Lund, and that south under the Health Department of Little

Rock. All oil was to be furnished by the Army Post Development Company.

Supervision of all work was to be under Sanitary Engineer R. E. Tarbett of the Public Health Service.

This arrangement existed in the case of the city until August 1, and with the Army Post Development Company until September 15, after which date all work came directly under the direction of Sanitary Engineer Tarbett.

During the period, October, 1917, to date, four assistant sanitary engineers have been assigned to this district for training, there being two on duty at the present time.

COMMENCEMENT OF WORK.

Drainage work for mosquito control was commenced in the immediate area of the proposed camp site on June 18, 1917, and in the city area on June 26.

The first oiling of water surfaces within the control area was begun on June 26, 1917.

CONTROL AREA.

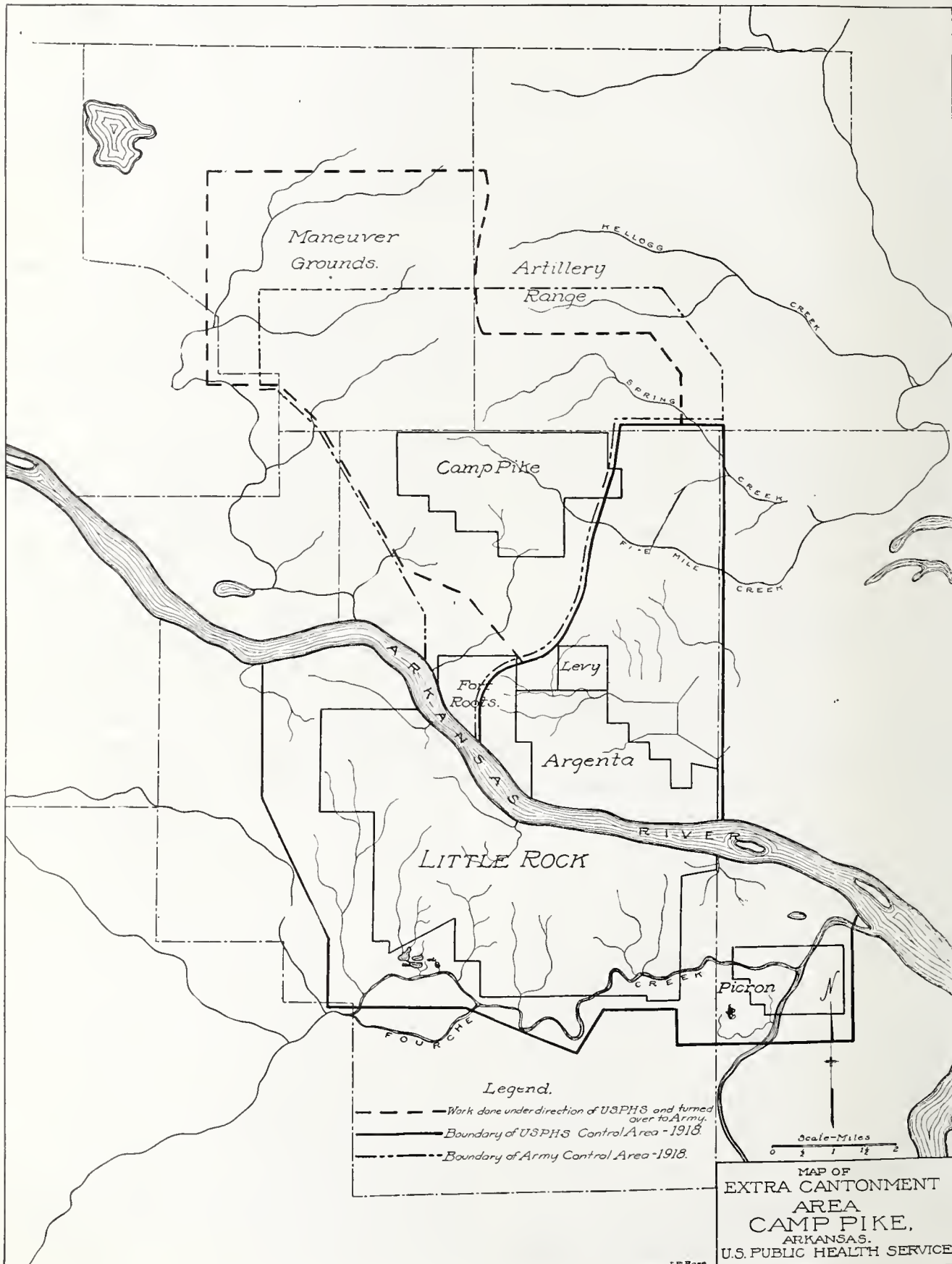
The control area during the 1917 season consisted of the area within the city of Little Rock and certain parts adjacent thereto, with a total area of 23 square miles; the area within the city of North Little Rock, the area between North Little Rock and the camp, and the area about the camp, 15 square miles; Camp Pike proper, with an area of 5.5 square miles, and after August 1, the maneuver ground area north of the camp with an area of 18 square miles. The total area within which control measures were exercised during the 1917 season was 61.5 square miles.

In the spring of 1918, the control area as stated above was modified and added to. The area known as maneuver grounds was controlled only to beyond the first stream area north of the camp and an additional area to be used as an artillery range was taken on; the limits of the extra cantonment area north of the river were extended to include Fort Roots reservation. South of the river the area was extended and after June 1 an area of 12 square miles about the new Government munition plant at Pieron was taken on.

From the commencement of the work until April, 1918, all work in the area was under the direction of the U. S. Public Health Service and was financed from local funds. Work within the camp proper was carried on by means of local funds up to the close of the 1917 mosquito period.

In April, 1918, all control work in the camp proper, maneuver grounds, artillery range, Fort Roots reservation and the small area between Camp Pike and Fort Roots was taken over by the Army authorities.

During the 1918 season, the area under control by the Army authorities was 30 square miles and that under the U. S. Public Health Service 52 square miles. In addition, constant inspections were made of 10 square



miles lying without the camp, but in which the control work was carried on by the Army authorities.

TOPOGRAPHY AND CHARACTER OF STREAMS.

The area to the north of the river with the exception of a small section in the southeastern part and the western half of the section to the south of the river is rough and hilly, the streams having a steep gradient with rock beds. The remainder of the area is a fairly level river plain of alluvial soil and with little fall.

All stream beds are naturally overgrown with brush, weeds and briars interlaced with drift from periods of high water. To the north of Fort Logan H. Roots and along the southern boundary of the city of Little Rock are cypress bayous.

CONTROL BY DRAINAGE.

The streams have been handled for the most part by what is termed "training," that is, clearing the stream bed of brush and other obstructions and making such small shallow ditches as would reduce the water area in the pools and confine the flow to the natural channel. On those streams with a steep gradient, this method proved very efficacious. On the more sluggish streams it has been necessary to construct small drainage ditches.

The work carried on in the entire area will be taken up by sections in order to differentiate between that which is not at present under the control of the Public Health Service and that which is carried on under the direction of the service and afterward turned over to the Army authorities.

CAMP PIKE.

In this area work was carried on from June 18, 1917, to October 15, 1917, 17.21 miles of stream being cleared and for the most part ditched. At the time that the camp was first occupied there was little or no water in the streams within the area.

EXTRA CANTONMENT AREA EXCLUSIVE OF NORTH LITTLE ROCK.

In this area the streams are for the most part hillside streams with rocky beds in which little or no ditching was attempted. In this area 54.2 miles of streams were trained. Of this amount 28.4 miles were worked over in 1917, and 25.8 miles during the first part of 1918, of which 7.8 miles were ditched. The

area which was taken over under army control contained 23.4 miles of the streams which were cleared during 1917.

MANEUVER GROUNDS AND ARTILLERY RANGE.

Work was commenced in the maneuver area north of the camp on September 1, 1917. This area comprised approximately 18 square miles. The streams had a fairly rapid fall but the beds were badly overgrown with brush. The work in this area consisted of brushing and clearing, no ditching being done. During the latter part of the season 41.4 miles of stream bed were cleared. During the winter an area to the north of the camp and east of the maneuver ground was taken on as an artillery range and work was started in February, 1917, on the streams in the southern part of this area, which is also a part of the Extra Cantonment area. Twenty miles of heavy clearing work was completed on these streams at the time the area was turned over to the army for control.

The total amount of clearing in these areas amounted to 61.4 miles.

NORTH LITTLE ROCK AND ADJACENT AREA.

In this area 18.5 miles of streams were trained of which distance it was necessary to ditch 10 miles.

AREA SOUTH OF RIVER.

In this area, which included the city of Little Rock, 72.5 miles of streams were trained, in which distance 47 miles were cleared and 40 miles ditched. In this area there still remains to be completed the work on the long cypress bayou to the south of the city, a total length of 9.5 miles.

PICRON AREA.

Work was started in this area during the early part of June, 1918, and the work necessary for control completed with the exception of a short section of a cypress bayou, in which work was held up due to the erecting of a dam for construction purposes. This area is rather flat with several cypress and gum swamps in addition to the continuation of the cypress bayou referred to above.

In this area 14 miles of streams were trained, of which distance it was necessary to clear 12.2 miles and ditch 5.2 miles.

SUMMARY.

During the 18 months 250 miles of stream were trained or ditched and several swamps

or ponds drained. Of this amount, 102 miles were in the areas now controlled by the Army, and in which areas there has been considerable additional work accomplished by the Army.

MAINTENANCE.

Maintenance work carried on in a small way during the winter of 1917-1918 was increased with the advent of spring. During the 1918 season all streams were gone over at least once and in the case of several of the streams two and three times.

Continual maintenance is necessary, due to the rapid growth of vegetation and in many of the streams to silting of the channels.

CONTROL BY OIL.

Oiling of all water surfaces was begun on June 26, 1917, and continued at weekly intervals until October 19. On the more rapid streams drip boxes were installed, allowing for continual oiling. During the 1917 season 13,780 gallons of oil were used in the area north of the river (exclusive of the maneuver grounds), and 5,285 gallons in that area south of the river. Oiling of the streams in the maneuver grounds was started on September

1, 1917, and continued to October 19, 2,750 gallons of oil being used. The total amount of oil used during the 1917 season was 21,515 gallons, or approximately 11 gallons per mile of stream per week. In this connection it would be well to note that the season was dry and that many of the streams ceased flowing after training operations were completed.

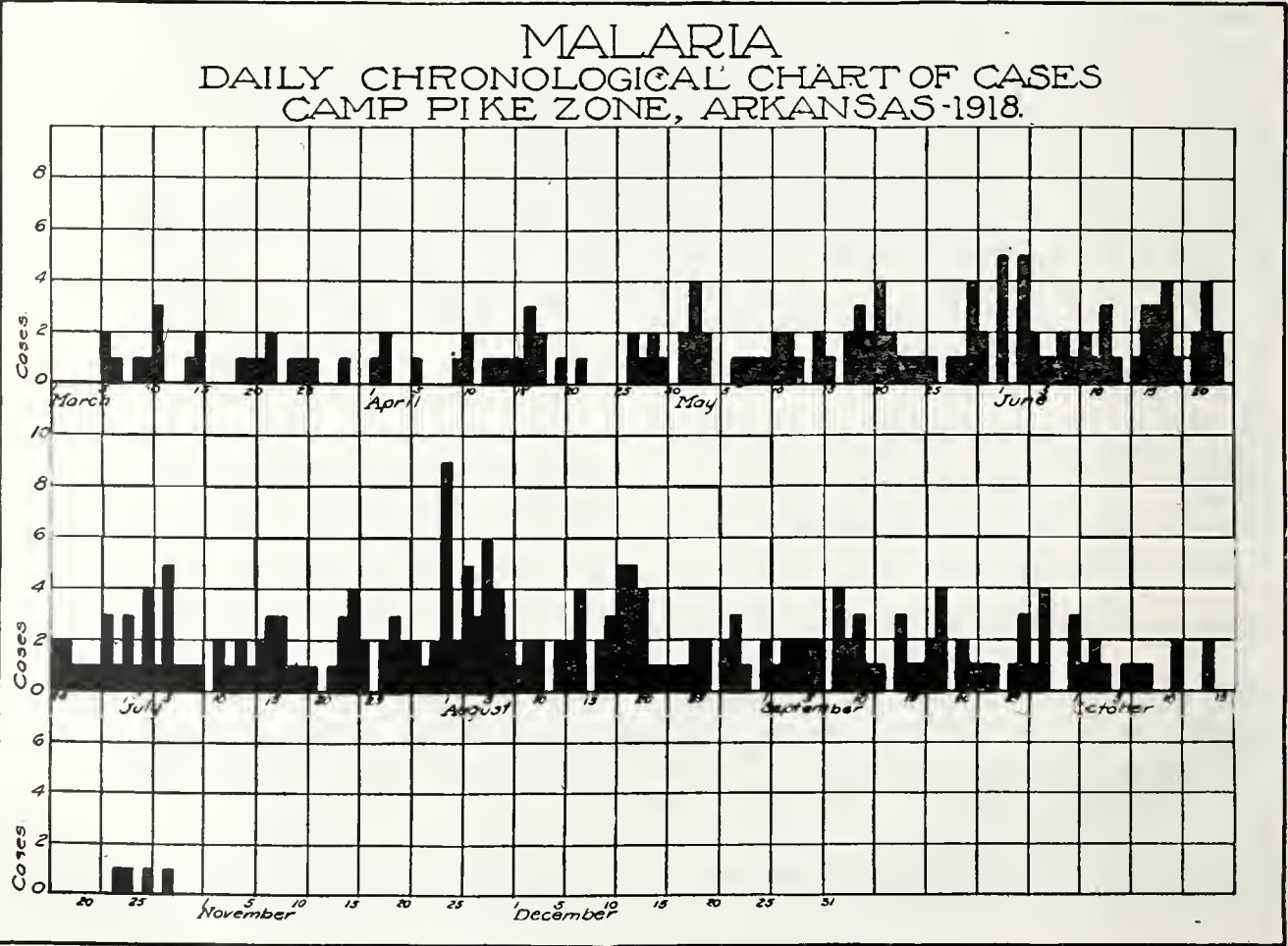
In 1918 oiling was begun in the area under the control of the U. S. Public Health Service on May 1, and continued until October 15. All water surfaces were treated with oil at seven-day intervals, 41,972 gallons of oil being used, or 11 gallons per mile of stream per application.

The total amount of oil used during the two seasons was 63,487 gallons.

The oil used during the 1917 season was a mixed oil made of one part black oil and two parts kerosene. This oil was objectionable in many ways owing to the poor mix and to the tendency to clog.

The oil used during the 1918 season was a light fuel oil, trade name "Gas Oil," having a specific gravity of 32 to 36. This oil proved very satisfactory, both from the mechanical and from an efficiency standpoint.

CHART I.



Oil was applied by use of the Meyers Knap-sack spray (Panama Pattern), supplemented on some streams by drip cans. In the oil control the patrol system was used, the area being divided into districts, with one and in some cases two oilers assigned to each district. The districts varied somewhat in area, depending upon the amount of water surface.

Oil stations were established at points easily accessible both to the oilers and to the supply truck.

INSPECTION.

No regular inspection system was instituted during the 1917 season, the foreman and oilers being depended upon to report existing conditions. In 1918, a force of seven inspectors under a chief inspector was employed from June 1 to September 15, after which the force was reduced. The area was districted for inspection work, each inspector being assigned to a district. The work consisted of checking up oil control, inspection of premises for breeding, and work of like character.

Constant and frequent inspections of all possible breeding places were necessary in order that efficient control might be maintained.

COST OF WORK.

The expense of the work has been borne by the Army Post Development Company, the cities of Little Rock and North Little Rock, Pulaski County and the Federal Government.

SUMMARY OF COSTS.

New Work.

Army Post Development Company.	\$15,735.33
U. S. Public Health Service.....	16,323.82
City of Little Rock.....	7,651.70
Pulaski County	2,527.60
City of North Little Rock.....	1,114.16
<hr/>	
Total	\$43,352.61

Maintenance.

Army Post Development Company.\$	891.62
U. S. Public Health Service.....	6,981.62
City of Little Rock.....	1,369.23
Pulaski County	41.60
<hr/>	
Total	\$ 9,284.07

Oiling.

Army Post Development Company.\$	2,352.59
U. S. Public Health Service.....	7,296.33
City of Little Rock.....	2,218.00
City of North Little Rock.....	162.00
<hr/>	
Total	\$12,028.92

Inspection.

Army Post Development Company.\$	124.35
U. S. Public Health Service.....	2,134.75
City of Little Rock.....	54.00
<hr/>	
Total	\$ 2,313.10

Equipment and Supplies.

Army Post Development Company.\$	1,911.61
U. S. Public Health Service.....	124.50
City of Little Rock.....	16.00
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Total	\$ 2,052.11

General.

Army Post Development Company.\$	108.27
U. S. Public Health Service.....	95.88
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Total	\$ 204.15

Transportation.

City of Little Rock, cost of two trucks ..	\$ 1,616.22
Army Post Development Company, cost of maintenance.....	873.50
U. S. Public Health Service, cost of maintenance ..	22.00
<hr/>	
Total	\$ 2,511.72

Ford Cars.

Army Post Development Company, cost of two cars.....	\$ 754.00
Army Post Development Company, maintenance ..	1,801.13
<hr/>	
Total	\$ 2,555.13

Oil.

Army Post Development Company.\$	1,622.30
U. S. Public Health Service.....	4,144.30
<hr/>	
Total	\$ 5,766.60

Supervision.

U. S. Public Health Service.....	\$10,433.56
Army Post Development Company	1,706.25
<hr/>	
Total	\$12,139.81

Summary.

June 18, 1917, to December 31, 1918.	
U. S. Publie Health Service.....	\$47,556.76
Army Post Development Company	27,880.95
City of Little Roek.....	12,925.15
Pulaski County	2,569.20
City of North Little Roek.....	1,276.16
<hr/>	
Total	\$92,208.22

MALARIA PREVALENCE.

Prior to July, 1917, malaria, while listed as a reportable disease, was not reported to any extent in this State. During the remainder of 1917 season, efforts were made toward more accurate reports but no attempt was made to check physicians' records after Mareh 1, 1918. All eases of malaria reported were investigated in order that such ease history as would affect control measures might be determined. In all eases history as to oeenrrence in previ-ous years, residence in previous years, etc., were obtained. From these investigations it was possible to separate eases into two classes, (1) new eases, that is, those giving no history of previous attacks, and (2) remittent eases, or those having suffered from the disease in previous years. The location of the eases with referenee to the area within which mosquito control work was being earried on was also of importanee. Many eases of malaria in em-ployees of the railroads were brought into the district for treatment in the loeal hospitals, and in our studies these have been omitted.

A daily ehronological chart of cases has been kept during the 1918 season and shows how and when the eases oeeurred. Chart No. 1 is a modifieation of this ehronological chart. A spot map showing geographical distribution of cases has been kept, but nothing of interest has developed from this method of record keeping.

MORBIDITY AND MORTALITY.

Beginning with January, 1918, it is believed that the majority of the eases of malaria vis-ited by physieians has been reported, but in considering morbidity reports it must be borne in mind that many eases oeeur in which treat-ment is not under the direction of a physi-eian. Of the eases reported, only such as oe-curred within the area under control are con-sidered and the imported eases treated at the hospitals are eliminated.

The following table No. 1 shows the number of cases reported as occurring within the con-trol area from Mareh to Deeember, 1918:

TABLE 1—MALARIA CASES REPORTED DURING 1918.

Cases of Malaria Reported From Within the Control Area.	
Mareh	20
April	24
May	25
June	56
July	56
August	76
September	47
Oetober	18
November	0
December	0
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Total	342

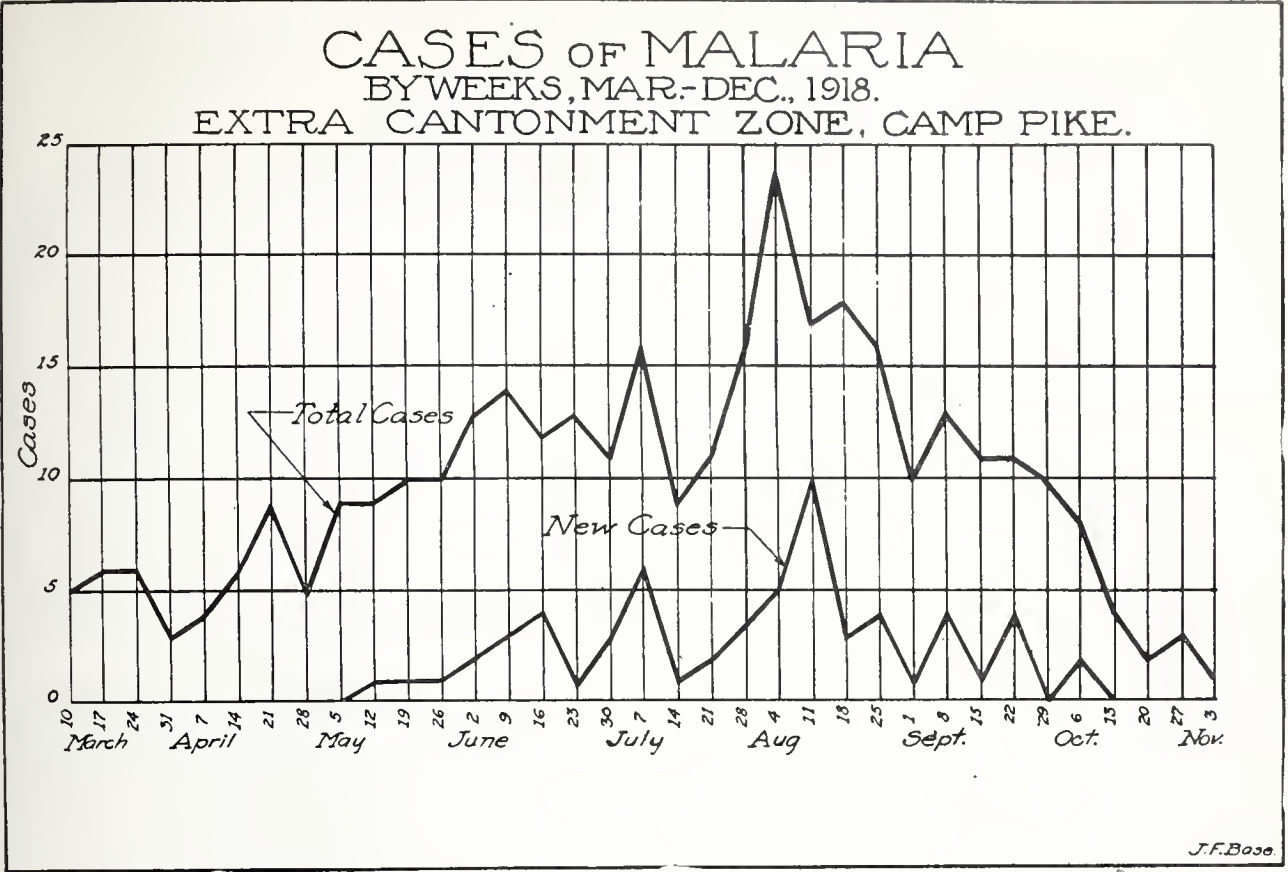
As will be noted the peak or largest number of eases oeeurred in August with a sharp de-eline during September and Oetober. Under uneontrolled conditions the peak would be ex-pected to oeeur in September or Oetober and this is borne out by the death records for the years previous to 1917 and also by such history as is obtainable.

The reported eases ocurring within the control area from Mareh to Deeember, 1918, are classiffied as new eases, imported new eases (eoming to the distriet already sick), reeur-rent eases, and imported reeurrent eases (new residents). These classes, and the number diagnosed with and without blood examina-tion are shown in the following table by months:

TABLE 2—CLASSIFICATION OF REPORTED MALARIA CASES.

MONTH	New Cases Examined	New Cases Not Examined	Recurrent Cases Examined	Recurrent Cases Not Examined	Reported New Cases Examined	Reported New Cases Not Examined	Imported Recurrent Cases Examined	Imported Recurrent Cases not Examined
March . . . . .	...	...	3	15	...	...	...	2
April . . . . .	...	...	16	8	...	...	...	...
May	1	...	22	14	1	...	4	3
June	5	3	17	24	2	2	1	2
July	7	1	17	25	2	1	2	1
August	5	9	15	20	4	6	8	9
September . . . . .	...	6	1	27	...	4	3	6
Oetober . . . . .	...	1	1	12	...	1	1	2
November . . . . .	...	...	...	...	...	...	...	...
December . . . . .	...	...	...	...	...	...	...	...
Total	18	20	92	145	9	14	19	25
Total	38		237		23		44	

Diagnosed by blood examinations.....138
Diagnosed clinically.....204



It is interesting to note that while free laboratory service for examination of blood smears was available to all physicians, in only 138 of the 342 reported cases was diagnosis made by microscopical examination of the blood. In this connection it is also interesting to note that about 30 cases occurring in a rather thinly populated section of the city were all treated by one physician where diagnosis was made without blood examination and furthermore the history given by these cases indicated that the diagnoses were very doubtfully correct.

Considering the fact that this district had the reputation of being a very malarious section and, further, that the population has practically doubled during the year with an influx of many susceptibles it is obvious from the relatively few cases developing that control measures were effective.

Chart 2 showing the weekly prevalence of the disease is likewise interesting as it will be noted that the peak is reached in August with a sharp decline after that date, whereas such information as is available, together with the death records indicate that the peak ordinarily should be reached in September or October. Therefore it seems fair to assume that persons potentially malaria carriers are subject to recurrence of the disease during the early or middle summer. From these active carriers new cases would develop with the max-

imum incidence occurring during September and October. The control over mosquito production while not affecting the recurrence of the disease in active carriers, should prevent the occurrence of new cases; hence a decline in the prevalence at the time when in an uncontrolled area a sharp increase might be expected.

Information from physicians as to reduction in malaria incidence is generally rather vague since actual figures are not obtainable. Records have been obtained from one physician who has kept accurate records of all malaria cases treated by him which cases were diagnosed by microscopical examination and are shown herewith.

TABLE 3—RECORDS OF MALARIA CASES OF ONE PHYSICIAN, 1916-1918.

All cases diagnosed by microscopical examination.			
	1916	1917	1918
January	4	4	0
February	4	7	0
March	4	8	0
April	6	6	1
May	4	5	0
June	11	2	1
July	13	2	2
August	16	1	0
September	15	1	0
October	23	0	0
November	6	0	0
December	4	0	0
Total	110	36	4

Eighteen months prior to July, 1917, 142 cases.
Eighteen months following July, 1917, 8 cases.
Reduction in cases 1918 over 1916 equaled 96 per cent.

The control work was started in June, 1917, and it is interesting to note that for the preceding eighteen months this physician treated 142 cases, while for the same interval of time during which control measures were being carried on he treated eight cases. As this physician had a representative practice this reduction may be safely asumed to represent the reduction in the malaria incidence in this district. This percentage reduction is 96 per cent.

MORTALITY.

Mortality records must, in the cases of malaria, be considered with some mental reservations since in many instances malaria is given as a cause of death whereas at best it is only the contributory cause. However a reduction in death rate is indicative of the efficiency of control measures since the same errors in diagnosis would occur after as well as before such control measures were instituted.

In this district death records other than those for the city of Little Rock are unreliable and hence for comparison only Little Rock records will be used.

Population in determining rates is based upon the population in 1910 according to the U. S. census and the population in 1917 as determined from a house to house survey made by this Service in connection with corrective measures necessary. The estimated population in 1918 is determined by the housing facilities. The following table 4 shows the deaths by months and years with the death rate.

TABLE 4—DEATHS FROM MALARIA, LITTLE ROCK, ARKANSAS, 1910-1918.

Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Rate per 100,000	Population
1910	1	5	2	2	2	6	4	7	17	17	4	1	68	158	43,000
1911	4	0	1	1	11	8	9	7	15	16	9	5	86	192	44,000
1912	2	0	1	5	0	3	7	6	10	7	6	1	48	107	45,000
1913	1	2	2	1	2	2	3	8	5	7	7	0	40	87	46,000
1914	0	0	0	1	2	7	7	2	7	8	10	3	52	110	47,000
1915	3	0	4	1	1	6	6	3	20	10	7	3	64	133	48,000
1916	0	0	1	0	5	2	4	7	7	12	3	0	41	84	49,000
1917	3	0	0	2	1	2	1	0	2	1	2	0	14	23	60,000
1918	0	0	3	0	0	1	0	3	2	3	1	0	12	16	75,000

The reduction is shown much more markedly in the graph (chart 3) of death rate. It is also of interest to note the reduction in deaths based on 100,000 living population during the four malaria months, July to October, plotted in the graph by years. Chart 4.

During 1917 and 1918 it is believed that the death records for North Little Rock are

fairly complete and for these two years the deaths of the combined cities are shown in the following table:

TABLE 5—DEATHS FROM MALARIA. Little Rock and North Little Rock by Months, 1917-18

	1917	1918
January	4	2
February	0	0
March	0	3
April	3	0
May	3	0
June	4	2
July	1	1
August	2	3
September	4	3
October	3	2
November	2	1
December	0	0
Total	26	17

Estimated population 75,000 100,000
Control work instituted June, 1917.

In chart 5 is shown the average number of deaths per month for malaria in the city of Little Rock for the period 1910 to 1916 inclusive, and for 1917 and 1918. As shown by the curve for 1917-1918 what might be considered as winter conditions have prevailed throughout the two years. These winter or non-malarious season conditions represent the desired results.

When we compare the malaria death rate per 100,000 population for the year 1918, based upon the whole zone, with the average death rate within the city of Little Rock for the seven years 1910-1916 inclusive, the effects of the control measures are self-evident.

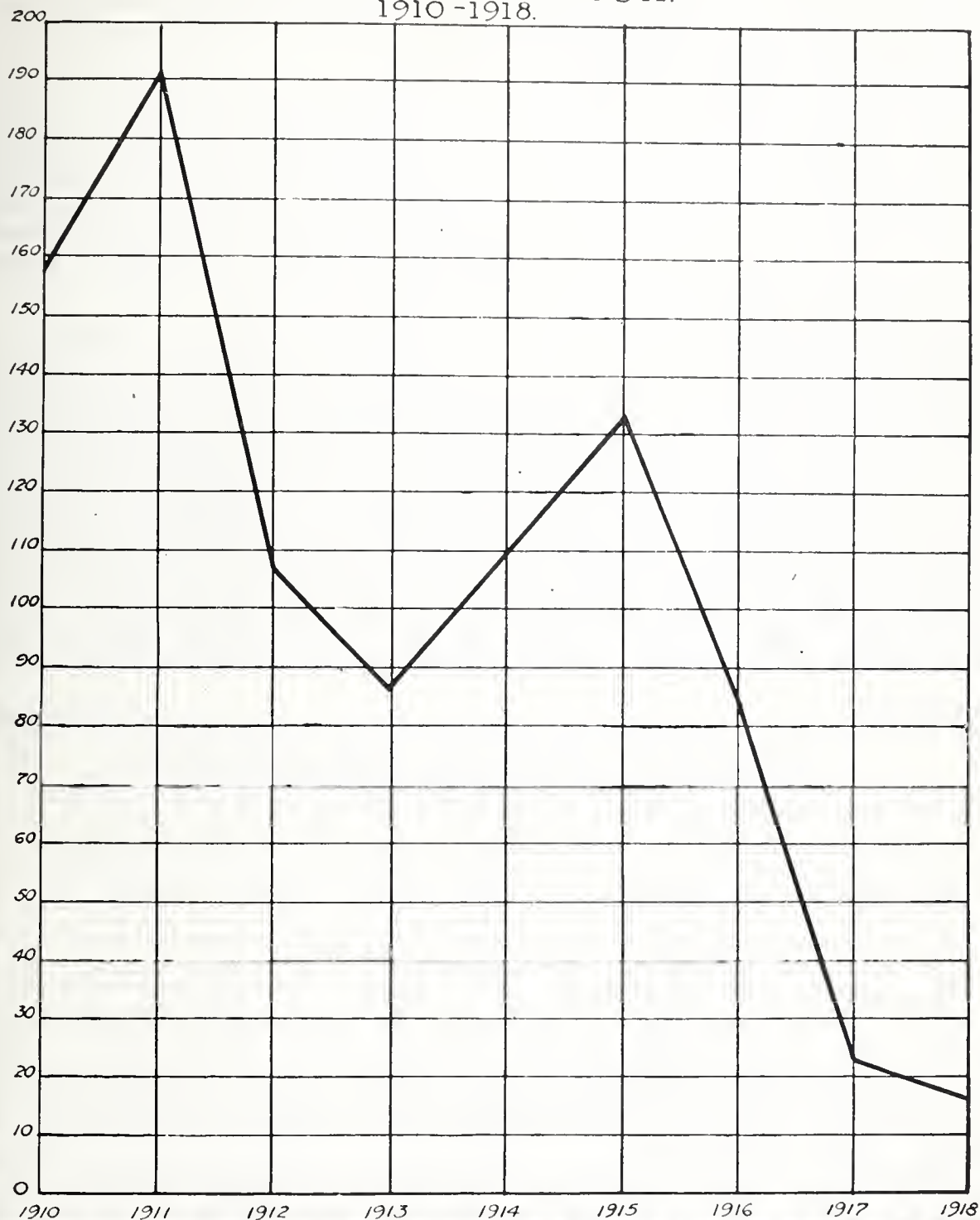
RESULTS OF MOSQUITO CONTROL, REDUCTION IN MALARIA.

The number of cases of malaria that would have occurred in the district during the summer of 1917 and the year 1918, is, of course, problematical. If we may take the number of deaths as shown by the Little Rock records and apply that to the total population and assume that there would be approximately 100 cases to each death, we may perhaps approximate the probable number of cases. Upon this assumption there would have occurred approximately 10,000 cases in 1918, whereas the number reported was 342 and the estimated number probably less than 600.

The elimination of 10,000 cases and the reduction of deaths by over 100 can hardly be estimated in terms of money, to say nothing of the reduction in lost time and impaired efficiency.

The object of the work was to protect the health of the soldiers at Camp Pike and Fort

DEATH RATE PER 100,000.
FROM MALARIA
CITY OF LITTLE ROCK.
1910-1918.



Roots and of the workmen engaged in war activities. The records would appear to show that the object was attained, since the Medical Officer of the Army stationed at Camp Pike during construction states that no new cases of malaria developed among the workmen engaged upon the construction of that camp; and furthermore, that the records since occupancy show that although over 200,000 men

have passed through the camp not one new case has developed. At the Picon acid plant there have been reported 12 cases among the workmen, of which none could be classed as new cases. This condition obtained notwithstanding the fact that malarial control measures were not instituted until construction was already begun and the malarial mosquito or *Anopheles quadrimaculatus* was breeding in

enormous numbers in and about the site of the plant.

While personal comfort is of less importance in malarial control work, it is of great importance in so far as the public attitude toward the work is concerned. That the mosquito pest has been practically eliminated in the district during the year 1918 probably has caused more favorable comment than the fact that 10,000 persons have been prevented from suffering with the disease and 100 lives saved by the work.

COSTS.

The cost of the work taken as a whole appears to be great but in considering cost we should take into consideration the area covered and the population protected.

Of the total amount, \$15,000 was expended in 1917 for protective work in and about the camp and in 1918 \$11,000 for protective work about the camp and about the Pierie acid plant. This amounted to 25c per capita for the two years. While this was necessary for the protection of the military forces it must be considered separately from that necessary to protect strictly civilian population in this district.

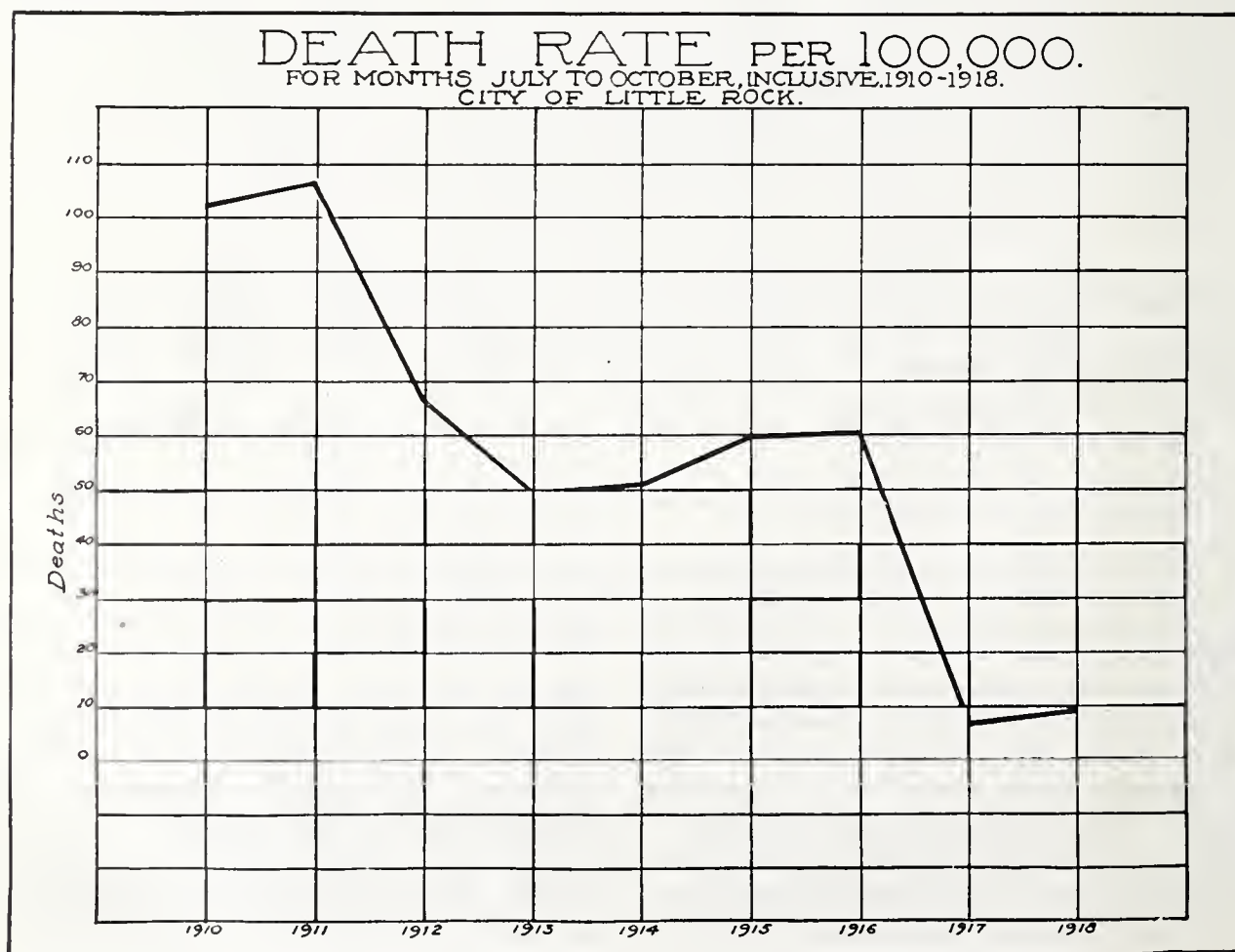
The total expenditure necessary for the protection of the civilian population within the cities of Little Rock and North Little Rock during the period July, 1917, to January, 1919, was \$56,500, or 56½ cents per capita for the two years. This is exclusive of supervision.

Considering that for a per capita cost of 28 cents per year it has been possible to prevent approximately 100,000 per year from being sick, to avoid the financial loss which such sickness entails, and to save approximately 100 persons per year from death by disease, it is evident that the expenditures are considerable.

COMMUNICABLE DISEASES.

The following tables show the number of all communicable and reportable diseases that have occurred in this extra cantonment zone since the U. S. Public Health Service has been in co-operative charge of all health matters. These have been separated into three geographical districts, Little Rock, North Little Rock, and other points in Pulaski County. Further division is made into two periods, one of six months, July to January, 1917, and one of one year, January, 1917, to January,

CHART IV.



1918. Statistics of previous years not being available, comparisons of conditions is not possible. Many intensive campaigns have been inaugurated to stimulate the reporting by local physicians with the result that this feature of control of communicable diseases has been more satisfactory.

EPIDEMIC DISEASES.

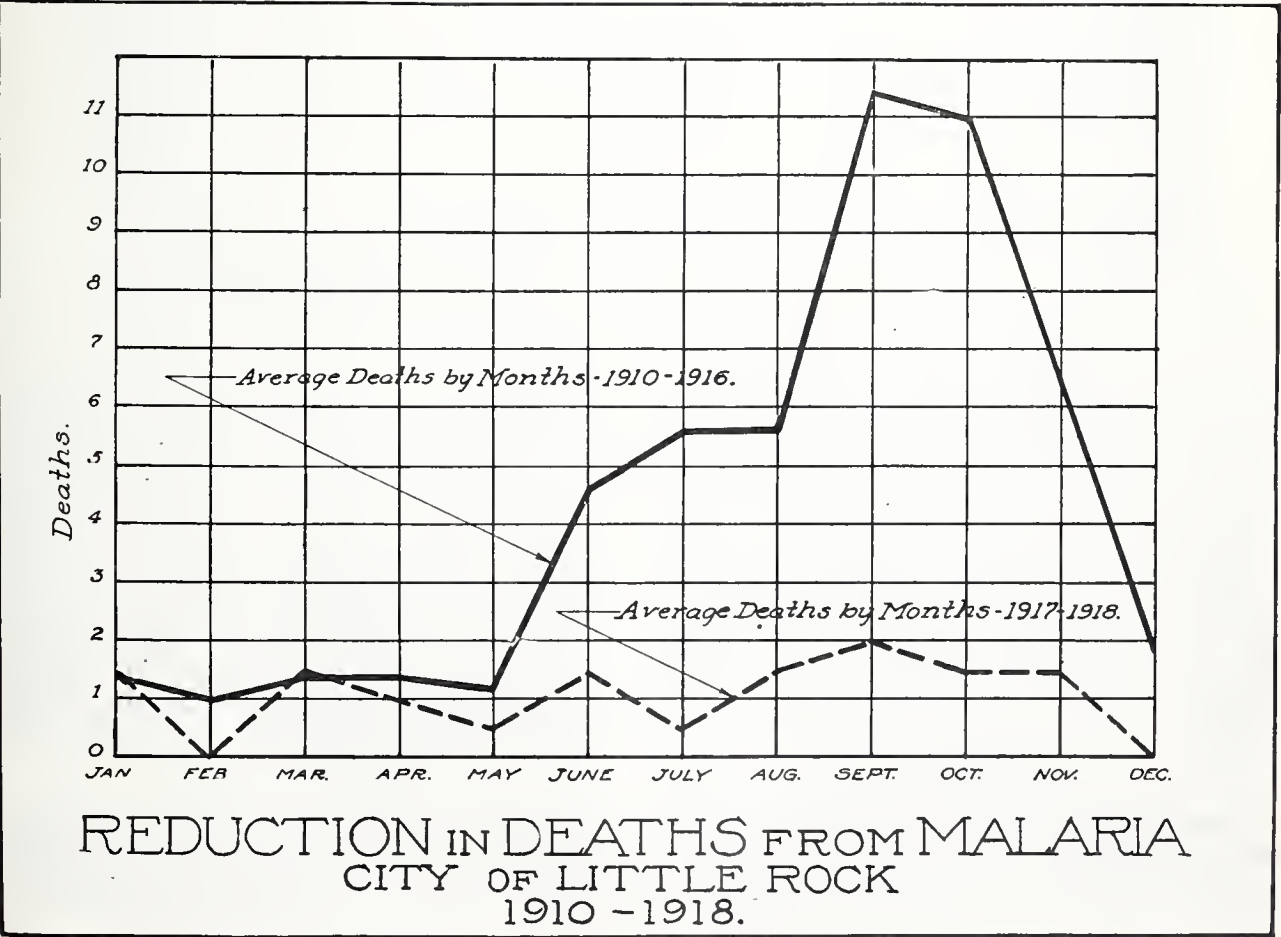
There has been no disease other than influenza that could be considered to have become epidemic. Scattered but definite outbreaks have occurred from measles and german measles, smallpox, cerebro-spinal meningitis, and typhoid fever. These were localized and controlled with a minimum of case incidence and mortality. This was not true of influenza. This zone has, like the rest of the United States, suffered from a tremendous epidemic with high mortality and monthly reerudescences. The remarkable reduction in malaria incidence and mortality is fully discussed under malaria. Likewise, venereal disease control is under its separate heading. When one considers that at one period, January, 1918, this department was controlling outbreaks of measles and german measles, smallpox and

meningitis, one appreciates the responsibility, the amount, and the various types of work necessary for control. At this particular period the work entailed was rendered more difficult because of the severe weather conditions then existing. Each case of communicable disease reported was investigated, isolated, quarantined and followed to completion and all available data compiled.

MEASLES AND GERMAN MEASLES: DISCUSSION.

Beginning in October, 1917, reports indicated a sharp and general increase of measles. These cases varied so in the character of their symptoms that it was soon evident that we were dealing with an outbreak of two diseases, distinctly different but resembling each other in every way—measles and german measles. Co-incident with the increase of these diseases, measles was reported to be increasing at Camp Pike. The height of the epidemic was reached in November with a rapid decline thereafter, due, undoubtedly, to the prompt control measures instituted. The following interesting control experiment which was carried out in North Little Rock school on german measles is indicative of what can be done by all full-time health departments.

CHART V.



CONTROL.

The disease being regarded so lightly, no determined efforts of control are recorded. An attempt to do so was made in this epidemic, using one small school, situated in an average working class district, the entire control measures being based on the known average incubation period and medical inspection. Pupils of this school, reported ill, were excluded and those cases diagnosed as german measles quarantined at home but not isolated from other members of the family. In ten

this disease occurred in Little Rock and its vicinity. It was only by determined measures as to isolation and quarantine with control of contacts and carriers by throat cultures that we were able to avoid a wide-spread epidemic with its resulting high mortality in this zone.

SMALLPOX.

Beginning in November, reporting of cases of smallpox began to increase, the increase lasting until May, the maximum number occurring in February. The remarkably small mortality of two persons out of 605 cases is

CASES OF COMMUNICABLE DISEASES
Little Rock, Arkansas
July 1, 1917, to December 31, 1917.

DISEASE	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Malaria	21	12	44	70	16	8	171
Typhoid	9	12	5	13	2	2	43
Smallpox	1	8	...	7	29	71	116
Pellagra	1	2	...	...	...	...	3
Meningitis	1	1	...	...	1	1	4
Vincent's Angina	1	...	...	...	...	1	2
Dysentery . . . . .	...	...	...	1	...	...	1
Ilio-Colitis . . . . .	...	...	2	...	...	...	2
Whooping Cough . . . . .	...	...	...	...	1	2	3
German Measles . . . . .	...	...	...	...	107	130	237
Measles . . . . .	...	5	2	31	192	293	523
Tuberculosis . . . . .	...	2	6	3	4	12	27
Gonorrhea . . . . .	...	...	14	43	12	10	79
Syphilis . . . . .	...	...	3	10	12	11	36
Chancroid . . . . .	...	...	5	10	5	...	20
Scarlet fever . . . . .	...	...	8	11	11	7	37
Diphtheria . . . . .	...	...	2	7	7	6	22
Trachoma . . . . .	...	...	...	4	...	1	5
Pneumonia . . . . .	...	...	1	2	1	8	12
Gastro-enteritis . . . . .	...	...	1	...	...	...	1
Septic Sore Throat . . . . .	...	...	1	...	1	...	2
Mumps . . . . .	...	...	...	2	...	2	4
Chickenpox . . . . .	...	...	...	...	13	10	23
Erysipelas . . . . .	...	...	...	...	1	1	2
Tonsilitis . . . . .	...	...	...	...	1	...	1
Tetanus . . . . .	...	...	...	...	...	...	...
Total	34	42	94	214	416	576	1376

families, averaging three school members to the family, cases of german measles occurred. The other school members of the family not infected but being daily exposed to the cases in the homes were allowed to attend school up to the 14th day, when they were promptly eliminated for one week. No new cases occurred that were traceable to the original cases excluded from school. In this control experiment absentees were reduced to a minimum.

MENINGITIS.

During January and February, 1918, and co-incident with an increase of meningitis in the various other camp zones, an outbreak of

indicative of the mild type of the disease. Vaccination of contacts of cases and residents of this zone was steadily pushed throughout these months. Many industrial establishments, department stores, laundries and factories had their employees vaccinated. Vaccination of the Missouri Pacific Railway employees, both in the shops and yards was general. On the appearance of any given case in a neighborhood, vaccination in that particular vicinity was carried on.

TYPHOID FEVER.

Two small but definite outbreaks of typhoid fever have occurred in Little Rock and its

vicinity since the U. S. Public Health Service has been in control of the health activities in this zone. Both were from contaminated food supply. In one instance, ice cream was the medium in which infection was carried to the public. Epidemiological investigation rapidly determined the source of infection to be an ambulatory case of typhoid fever whose duty was the cleansing of the ice cream cans. The second outbreak was due to a typhoid

tion that vaccination against typhoid fever gave to the remaining 123.

INFLUENZA.

Beginning on September 20, cases of influenza were reported as having had their origin in Little Rock. Previous to this, at Carlisle in Lonoke County, an epidemic of this so-called influenza directly traceable to the Boston outbreak had come under the su-

CASES OF COMMUNICABLE DISEASES
Little Rock, Arkansas
January 1, 1918, to December 31, 1918.

DISEASE	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Measles	122	74	28	12	15	7	5	1	3	7	9	15	298
German Measles	21	12	7	1	1	.....	.....	.....	.....	2	.....	3	47
Chickenpox	13	11	16	12	9	1	1	.....	.....	4	9	3	89
Anthrax . . . . .	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1
Smallpox	121	131	74	38	28	4	1	.....	1	.....	.....	.....	398
Malaria	8	11	23	28	44	35	66	73	50	15	6	6	365
Influenza . . . . .	.....	.....	.....	.....	.....	.....	.....	.....	104	7155	412	749	8420
Typhoid	1	1	4	7	1	2	22	9	15	8	4	1	75
Tuberculosis	4	16	23	20	42	16	30	16	27	9	13	17	233
Scarlet fever	7	5	12	15	10	2	3	2	4	5	13	12	90
Mumps	9	74	88	25	17	9	9	3	2	4	7	6	253
Hookworm . . . . .	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1
Meningitis.....	12	16	7	3	5	1	.....	.....	2	1	2	3	52
Whooping cough	2	2	6	6	5	3	3	.....	.....	.....	3	1	31
Diphtheria . . . . .	.....	4	4	5	4	.....	1	1	2	5	3	5	34
Tonsilitis . . . . .	.....	4	.....	.....	.....	.....	.....	.....	.....	1	4	4	13
Trachoma	3	.....	2	2	1	2	1	.....	.....	.....	.....	.....	11
Pellagra . . . . .	.....	1	.....	.....	1	2	2	3	3	.....	1	.....	13
Dysentery . . . . .	.....	1	.....	.....	.....	5	1	.....	1	1	.....	.....	9
Gonorrhea	96	59	71	5	40	38	68	86	80	43	66	55	707
Syphilis	46	2	29	26	40	26	26	42	32	14	25	30	338
Chancroid.....	18	6	6	10	2	1	11	11	10	4	8	7	94
Pneumonia	24	58	59	36	24	3	4	2	7	402	52	101	772
Erysipelas	1	6	.....	2	.....	.....	.....	1	.....	.....	.....	.....	10
Tetanus . . . . .	.....	.....	.....	1	.....	.....	.....	1	.....	.....	.....	.....	1
Poliomyelitis . . . . .	.....	.....	.....	.....	.....	1	.....	1	.....	1	1	.....	4
Total	508	494	459	254	289	158	254	253	343	7681	638	1028	12359

carrier on a local dairy supplying raw milk to its customers. This carrier was a son of the owner of the dairy and only fourteen years of age. This carrier very infrequently handled the milk in any manner, yet cases following each contact were evident. In our investigation, ninety customers of this dairy were visited. The numbers of persons represented was 451, of which 32 gave a history of typhoid fever in the last two years. Of the 451 persons receiving this very infrequently infected supply, 125 received the typhoid fever vaccination within the period covered by the investigation (two years). Of this number only two had typhoid fever. These could be considered failures of typhoid immunization, yet, at the same time, there is definitely indicated the value of the protec-

pervision of the U. S. Public Health Service. Influenza in Little Rock and its vicinity began to increase on September 25 and by the first week in October had reached epidemic proportions. Following conferences with the State Health Officer, local authorities and representatives of the Board of Commerce, measures were initiated for control. These measures were as follows: Closing of all places of amusement, such as theaters, moving picture shows, pool rooms, dancing parties, etc., meetings of all kinds suspended, other than executive committees, schools and churches closed, business hours regulated, no shop sales allowed, orders given as to carrying capacity and ventilation of streets cars and carrying eapacity of all common carriers, ehildren under 18 excluded

from common carriers, hotel lobbies darkened, club games suspended and grouping upon streets not allowed. Wide newspaper publicity was maintained throughout the epidemic.

During the height of the epidemic free medical service was supplied supplementing the local physicians. On October 12 the isolation hospital, which had been made possible by the State, Medical School, and City was opened for pneumonia patients and was used

December 10 a definite recrudescence occurred, the largest number of cases being reported in any single day being 54.

The number of influenza cases reported up to January 1, 1919, has been 11,527, the number of pneumonia following influenza 1,274, and the number of deaths 596.

An attempt to determine the exact number of cases of influenza occurring in Little Rock, not taking into consideration the number re-

CASES OF COMMUNICABLE DISEASES
North Little Rock
July 1, 1917, to December 31, 1917.

DISEASE	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Malaria	8	19	18	9	5	1	60
Typhoid	18	4	1	2	2	...	27
Smallpox	2	1	...	2	5	16	26
Pellagra	1	...	...	...	...	...	1
Meningitis . . . . .	...	...	...	...	...	1	1
Dysentery	1	...	1	1	1	...	4
Ilio-Colitis	2	...	...	...	...	...	2
Whooping cough . . . . .	...	2	...	7	...	2	11
Hookworm . . . . .	...	1	...	...	...	...	1
German Measles . . . . .	...	...	...	15	83	34	132
Measles . . . . .	...	...	2	17	53	20	92
Tuberculosis . . . . .	...	...	...	6	1	3	10
Gonorrhea . . . . .	...	...	...	6	...	3	92
Syphilis . . . . .	...	...	...	1	...	1	2
Chaneroid . . . . .	...	...	...	...	...	...	...
Scarlet fever . . . . .	...	...	...	1	...	...	1
Diphtheria . . . . .	...	...	...	2	2	...	4
Trachoma . . . . .	...	...	...	...	...	...	...
Pneumonia . . . . .	...	...	1	1	3	5	10
Polio-myelitis . . . . .	...	...	1	...	...	...	1
Mumps . . . . .	...	...	...	...	...	1	1
Chickenpox . . . . .	...	...	...	...	2	...	2
Total	32	27	24	70	157	87	397

through the remainder of the epidemic. This hospital was not used, however, until all three hospitals were taxed to their limit.

At the request of the Service two officers of the Medical Corps of the Army were stationed in the city to supply medical service to the families of the soldiers, which work was overtaxing the medical force of the Public Health Service. A food kitchen was opened and prepared foods supplied to those in need.

The epidemic was relatively short in duration, but extremely severe. The peak was reached on October 10, after which the decline was rapid, reaching non-epidemic proportions the latter part of October.

During and following the epidemic in the cities epidemics occurred at Picon, the State Hospital, the Blind School, and the Deaf Mute Institute.

Cases continued to be reported daily through November. Between December 1 and

ported, has been made. Various districts were canvassed thoroughly along with industrial establishments and the following statistics compiled:

Number of districts, 11.

Total population, 10,480; white 7,859; colored, 2,621.

Total cases of influenza, 3,790; white 2,910; colored 880.

Total cases pneumonia, 155; white 125; colored 30.

Total deaths, 34; white 31; colored 3.

Based upon this census it is probable that approximately 35,000 persons contracted the disease.

It is of interest to note that apparently the negroes were less susceptible and that fatalities were less. This census showed that 24.8 per cent of the white persons developing pneu-

monia died, whereas the fatality in the case of the negro was but 10 per cent.

VACCINATIONS.

In this zone, the United States Public Health Service has vaccinated against smallpox approximately 50,000 persons, and against typhoid fever, approximately 50,000 persons. This is probably and perhaps undoubtedly so with reference to typhoid fever, the largest

case was freely and gladly given, not only to physicians in this zone, but throughout the State.

The expense incident to vaeecination has been borne entirely by the Government. The saving to the individual, the family and the community through the reduction of the morbidity and mortality of smallpox and typhoid fever by these control measures is incalculable.

CASES OF COMMUNICABLE DISEASES
North Little Rock
January 1, 1918, to December 31, 1918

DISEASE	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.
Measles	7	14	1	1	...	...	...	1	...	1	2	28	54
German Measles	17	2	...	...	...	...	1	...	...	...	...	...	20
Chickenpox	1	3	2	...	2	2	...	...	...	1	...	...	11
Smallpox	33	10	5	12	2	2	...	...	...	...	...	...	64
Malaria	1	3	8	...	6	12	21	20	6	4	5	3	89
Typhoid	1	1	...	...	...	5	8	4	1	...	...	...	20
Tuberculosis	4	5	3	2	2	1	7	1	1	...	...	...	26
Scarlet fever . . . . .	...	...	4	1	...	...	1	...	...	1	...	7	14
Mumps	2	7	15	10	10	2	4	...	1	...	...	1	52
Meningitis.....	5	7	4	1	1	...	...	...	...	...	1	...	19
Whooping cough	4	5	1	...	...	6	...	...	...	...	...	...	16
Diphtheria	1	2	1	1	...	...	...	...	1	2	...	3	11
Tonsilitis . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Trachoma . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1
Pellagra . . . . .	...	...	...	...	1	...	1	...	...	...	1	...	3
Dysentery . . . . .	...	...	...	...	1	...	...	...	1	1	...	...	3
Gonorrhea	3	5	6	1	8	8	6	8	13	2	5	2	67
Syphilis	2	2	3	...	4	2	1	2	3	3	...	2	24
Chancroid.....	2	5	1	1	2	...	...	...	4	3	...	...	18
Pneumonia	4	7	6	6	1	1	...	1	...	34	7	16	83
Influenza . . . . .	...	...	...	...	...	...	...	...	7	1089	77	161	1334
Erysipelas . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	87	61	61	36	40	41	50	36	38	1141	98	223	1929

number ever vaccinated in a single civilian community. No workmen on Government work were allowed to begin their duties unless so protected. That there is substantial improvement in the morbidity rate of these two diseases is plainly manifest if one considers that though there were some 600 cases of smallpox in five months, in 1917-1918, there were none in the period June, 1918, to January, 1919.

Considering the reduction of typhoid fever, one needs only to call attention to the outbreak from a carrier on a dairy, quoted above, to determine the immediate and probable results that will be evident on the incidence of this disease. This large number of people represents only those which the U. S. Public Health Service has vaccinated and does not include those vaccinated by local physicians. All persons were vaccinated free of charge, and a large amount of vaccine for each dis-

VENEREAL DISEASES.

Venereal diseases have heretofore generally increased during wars and therefore reduced materially the fighting strength of the nation. Granting that this is no doubt true, it is remarkable that the past war has been the only one in which measures instituted for their control have been inaugurated. What has been accomplished by the military and health authorities is probably better demonstrated in Little Rock than in other extra cantonment zones. It has been a real demonstration of co-operation by the military authorities, the U. S. Public Health Service, the civilians, health department, police department, officials and politicians, to the end that repressive, educational, and medical measures might be efficiently carried out. The isolation hospital for venereal diseases established in the building of the Medical Department of the Uni-

versity of Arkansas, through the courtesy of Dean Morgan Smith and the expenditure of money through the U. S. Public Health Service, the American Red Cross and the city of Little Rock is serving its purpose remarkably well. Along with the free venereal clinics, the checking of druggists' reports of the sale of drugs for venereal diseases with the necessary follow-up work has forcibly brought interesting data and added much to the con-

TREATMENT.

Clinic—Total cases 1918, 354.
Hospital—Total cases (white prostitutes), 188.
Number doses arsaphenamine administered, 395.

MEDICAL INSPECTION OF SCHOOLS.

Prior to November, 1917, the medical inspection of the school children of Little Rock

CASES OF COMMUNICABLE DISEASES
Pulaski County, Arkansas, Exclusive of Little Rock and North Little Rock.
July 1, 1917, to December 31, 1917.

DISEASE	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Malaria	18	32	12	4	66
Typhoid	2	3	3	....	8
Gonorrhea	2	....	....	....	2
Syphilis	1	....	....	1	2
Chaneroid
Measles	13	9	22
Septic Sore Throat	1	5	....	....	6
Whooping Cough	6	1	....	7
Dysentery	2	....	....	2
Smallpox	4	....	4	8
German Measles	3	....	3
Diphtheria	1	1	2
Pneumonia	1	4	5
Pellagra	1	....	1
Tuberculosis	1	1
Hookworm	1	1
Total	24	52	35	25	136

trol. The work is shown in the following table:

CONTROL.

Persons reported purchasing drugs.....	2815
Cases failing to continue treatment under physician	110
Notices mailed cases to appear at examining office	1260
Cases apprehended and placed under supervision	808
Examinations at office.....	496
Cases released as non-infective after examination	23
Soldiers purchasing drugs and reported to Camp Surgeon.....	1327
Druggists failing to make weekly report.	49
Calls on druggists.....	43
Calls on physicians.....	29
Calls on cases.....	42
Total suspected sources of infection.....	234
Cases of venereal disease referred to Clinic	324
Cases reported by physicians.....	611
Cases prescribed for from office.....	53
Letters and circulars mailed physicians and druggists	296

was carried on by one full time physician employed by the school board, while in North Little Rock and the rural districts no medical inspections were undertaken.

During November an officer of the Public Health Service was stationed in Little Rock for a short period for the purpose of instituting a plan of school inspection both for the city of Little Rock and for North Little Rock and the rural districts.

The inspection work was started in December, that in Little Rock and North Little Rock being made by the medical inspector of the schools who was appointed as an acting assistant surgeon of the service.

The work both of the examination and follow-up was carried on through nurses working under the medical officers, there being three white and one colored nurse employed upon this work.

The work in the rural section was carried on by the medical officer without the assistance of a nurse.

The school work was continued until the close of the school year.

During the period December, 1917, to June, 1918, the follow-up work in connection with the school inspection is included in the nursing work which is taken up later.

The work carried on under this head is summarized as follows:

	Little Rock and North Little Rock	Rural District
Number of children examined..	6536	952
Defects found	3549	438
Number of children for whom treatment was advised.....	1203	
Children exeluded (communi- cable diseases)	148	434
Talks given	56	46
Children exeluded for other ill- ness	11	
Schoolroom inspection	88	
Children exeluded for revacci- nation	290	18
Children exeluded for unclean- liness	101	

schools have devoted their whole time to the examination of school children and will continue to do so until the examination is complete. The nurse in the North Little Rock school devotes one-half her time to examination and the balance to follow-up work.

The work during the present school year has been interfered with due to the influenza epidemic, and other causes. It has, nevertheless, progressed at a fairly satisfactory rate.

The work done is shown:

Little Rock—4910 children examined.

North Little Rock—618 children examined.

DENTAL CLINIC.

After much effort on the part of the medical officer in charge a dental clinic for the benefit of school children was opened on March 25, 1918. Local dentists agreed to give sufficient of their time to keeping the clinic open three hours daily. This clinic was continued until the close of the school year and was again reopened with the opening of the present school year.

CASES OF COMMUNICABLE DISEASES
Pulaski County, Arkansas, Exclusive of Little Rock and North Little Rock.
January 1, 1918, to December 31, 1918

DISEASE	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Measles	7	3	1	...	...	...	...	...	2	...	...	4	17
German Measles	4	2	...	...	...	...	...	...	...	...	...	1	8
Chickenpox . . . . .	...	...	2	...	...	...	...	...	...	...	...	...	2
Smallpox	8	3	5	...	2	1	...	3	2	...	...	3	27
Malaria . . . . .	...	2	1	...	1	11	14	2	13	1	1	...	46
Typhoid . . . . .	...	...	1	...	...	...	...	1	...	...	...	...	2
Tuberculosis	4	2	10	4	4	2	6	...	2	...	...	4	38
Scarlet fever . . . . .	...	2	4	...	...	...	1	...	...	1	...	1	9
Mumps	1	...	1	2	...	1	...	...	...	...	...	11	16
Meningitis	2	...	2	...	...	...	...	...	...	...	...	5	9
Whooping cough	2	...	6	...	...	...	...	...	...	...	...	...	8
Diphtheria	1	...	1	...	...	...	...	...	...	1	...	...	3
Tonsilitis	1	2	1	1	...	...	...	2	2	...	...	1	10
Trachoma . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1
Pellagra	1	2	9	...	1	5	...	1	2	1	...	...	22
Dysentery . . . . .	...	...	...	...	...	4	5	...	...	...	...	...	9
Gonorrhea	11	4	12	8	12	11	9	7	4	...	...	3	81
Syphilis	8	6	20	8	4	5	6	3	6	1	1	1	69
Chaneroid . . . . .	...	...	4	1	...	3	1	...	...	...	...	...	9
Pneumonia	10	4	3	1	1	...	...	...	...	100	55	35	209
Erysipelas	1	...	...	...	...	...	...	...	...	...	...	...	1
Influenza . . . . .	...	...	...	...	...	...	...	...	...	279	115	107	501
Total	61	32	84	25	25	43	42	19	33	384	172	176	1096

With the opening of school in the fall of 1918 a somewhat different plan of procedure than in the previous year was followed, two nurses being assigned to the Little Rock school with the medical inspector, and after December 1 one to the North Little Rock schools. The two nurses in the Little Rock

During the period that the clinic has been in operation 651 school children have received free dental treatment.

PRELIMINARY NURSING COURSE.

During the latter part of the 1917-18 school year there was given in the high school a

course in preliminary nursing. This course consisted of two classes daily, the Service furnishing lecturers for the course. It is believed that this course preliminary to nursing is of great value as a part of the high school girl's education.

NURSING SERVICE.

In September, 1917, when the appropriation from the Red Cross became available one nurse was appointed. This nurse was employed upon General Public Health Nursing and other work of this character, until October, 1918, when she was made supervising nurse of the reorganized nursing staff.

Four nurses were employed in December, 1917, for school work, these nurses working under the Acting Assistant Surgeon engaged in school work until June, 1918.

From June to October these nurses were engaged upon Public Health Nursing.

In October, 1918, the nursing staff was enlarged and reorganized, eight Public Health nurses being employed.

This increase of nursing personnel was brought about by a co-ordination of the visiting nursing forces within the city under one head in order that greater efficiency might be obtained, and lost play be avoided. This co-ordination or centralization of the visiting nursing service was brought about through the efforts of the U. S. Public Health Service. Under this arrangement five nurses, in addition to the three already on the force (one Red Cross and two Public Health Service), were made available through the Little Rock School Board, North Little Rock School Board, Arkansas Public Health Association, and the United Charities Association.

With this force all of the Public Health Nursing activities were covered and the special work which was carried on by the various agencies mentioned above was also covered. In addition, all nurses' calls of the Metropolitan Life Insurance Company were handled, the payment therefor being added to the nurses' salary fund.

The work of the nurses since the establishment of nursing service in September, 1917, is shown in the following table, which, however, does not include the medical examination of schools covered in the heading "Medical Inspection of Schools."

Visits to patients.....	2710
Nursing visits	1110
Instruction	1600
Surgical dressings done.....	313
Children taken to Clinic.....	280

NOTE—Approximately 36 per cent of patients visited were tubercular.

CONTROL OVER MILK SUPPLY.

The milk supply of Little Rock and vicinity may be divided into two sources of supply, first, that produced in the district surrounding the city and delivered in large part by the producer, and, second, that produced in Lonoke and Prairie counties and delivered through the large milk depots. At the time more active control measures were instituted, the methods of handling of these two supplies were so different that each will be taken up separately.

LOCAL SUPPLY.

This supply comes from approximately 95 dairies located within ten miles of Little Rock and is delivered by 73 dealers. This milk was all iced soon after milking and delivered within eighteen hours. The quality of this milk as determined by bacterial analysis was good. None of the milk, however, was pasteurized.

FOREIGN MILK.

This milk was produced in Prairie and Lonoke counties from 300 dairies, being delivered to stations at Carlisle, Sreeton Switch, Hazen and Mesa, from which points it was shipped by rail to Little Rock. This milk was delivered once daily to the stations by the producer.

The milk after production was held at about 70° F. and shipped to Little Rock depots where it received a second pasteurization before being cooled and bottled. The handling and pasteurization of this milk was faulty, the pasteurization being particularly so. Such pasteurization as was given was mainly for the purpose of delaying the souring and not for the purpose of making the milk safe for use.

The improvement in this supply has been the greatest problem.

CITY ORDINANCES.

The city ordinances governing the production and distribution of milk were ample to protect the supply but the machinery necessary to enforce was inadequate.

INSPECTIONS.

The city employed one milk inspector who devoted his full time to the control over the supply from the local sources and as far as possible over the imported supply after the same reached the city. The inspection in the so-called Prairie District consisted largely of the tuberculin tests with occasional inspection of dairies. This inspection was paid for by the fee system.

CONDITION OF DAIRIES.

Taken as a whole the dairies were in such condition that no large outlay of money was necessary to put them in good sanitary condition.

DAIRY STOCK.

The dairy stock was almost entirely scrub stock or beef cattle, giving a very low yield per cow. It is estimated that the yield per cow was less than 2,000 pounds of milk per year, whereas good dairy stock should yield 8,000 to 10,000 pounds per year.

PROBLEMS.

Two problems presented themselves at the beginning of the work: one, to improve and protect the milk from a health standpoint, and two, to increase the supply through restocking of the dairies with a better grade of cattle. The problem of improvement of a milk supply is one requiring time and patience in order that interference with the supply be not sufficient to curtail the output in any way. This was particularly important in this zone, due to the high cost of feed forcing some of the dairymen out of business.

It was necessary that the milk supply be made safe for human consumption and that the supply be increased since a large increase in population within the zone was to be expected and an added demand from Camp Pike was a certainty.

ORGANIZATION.

The work of inspection and supervision over the milk supply has been carried on jointly by the Public Health Service and the city of Little Rock and since May, 1918, one inspector from the Army has worked in conjunction with the other inspectors. In addition to the regular force, milk experts were on duty in this zone during the summer and fall of 1917 and again in the spring of 1918.

Both the City and Public Health Service laboratories have been used in connection with the control work.

VACCINATION.

The question of vaccination against both smallpox and typhoid fever was taken up with the Milk Producers' Association and readily agreed to by them. This vaccination, which was done free of charge by the Service officers, included all milk producers, families, and employees and all handlers of milk, 1,000 smallpox and 1,000 typhoid vaccinations being given.

SANITARY CONDITION OF DAIRIES.

Dairies were compelled to improve their sanitary conditions with respect to barns, milk houses, and general conditions.

UTENSILS.

The small-top milk pail was insisted upon and better methods of bottling, cleaning of utensils, etc., advised.

TUBERCULIN TESTS.

The yearly tuberculin test of all cattle was carried on as heretofore.

MILK STATIONS.

Considerable changes and improvements in the receiving stations were enforced. First, the improper pasteurization of the milk at these stations was eliminated and no pasteurization of whole milk permitted. Second, these stations were obliged to be furnished with ice and the milk cooled immediately after receipt from the dairies and kept cool until shipped. Third, better methods of handling were required.

MILK DEPOTS.

The milk depots (two) in the city of Little Rock were advised as to the proper apparatus for pasteurization, bottling, washing and sterilization machinery and have equipped as advised.

Double pasteurization of milk has not been permitted and pasteurization has been carried on as a protective measure and not as an anti-souring measure.

DELIVERY OF MILK.

The delivery of milk in bottles has been enforced and all milk sold at restaurants, etc., must be in the original container.

INSPECTIONS.

All dairies are inspected regularly and the two pasteurizing plants are being operated under constant and strict supervision.

LABORATORY EXAMINATIONS.

Both bacterial and chemical examinations of the milk offered for sale are being constantly made, as well as those examinations necessary to check the efficiency of the control measures.

RESULTS.

The improvement in the pasteurized supply, which supply constitutes 70 per cent of the total, has been marked. First, the effect of the two deliveries daily from the dairies to the milk stations showed during summer conditions that under the original conditions the milk reached the stations with a bacterial count averaging 12,337,000 bacteria per cubic centimeter as compared with a count of 120,000 bacteria per cubic centimeter under the new.

The average count of the pasteurized milk as offered for sale was 100,000 to 300,000 bacteria per cubic centimeter before the improvements were made and the operation improved, whereas, for the months of September, October, November and December, 1918, the counts averaged 4,800.

The local milk which constitutes about 30 per cent of the entire supply was of good bacterial quality before the increased health activities were undertaken, due to the activities of the city milk inspector. The bacterial improvement in this milk has not been marked.

INCREASE OF MILK SUPPLY.

At the time the work was started the milk supply of this zone was decreasing although the demand was increasing. During the summer of 1917 an increase in the price of milk tended to increase the supply but even the increased price did not, owing to the character of the milk cattle in this section, make the milk producing business a profitable one.

During 1917 it was made possible for the dairymen to borrow money from the local banks for the restocking of their farms and this has been taken advantage of to some extent.

The question of an adequate and good milk supply for use of the Base Hospital at Camp

Pike was found to be rather a serious problem. At a conference of officers of that hospital, at which conference the milk inspector of the Public Health Service was present, the possibility of establishing a dairy for the hospital was discussed. It was the opinion of the inspector that a considerable saving could be made and a better milk supply obtained were the hospital to establish its own dairy.

The outcome of this conference was that a dairy was started, the cows being selected from Wisconsin herds by the inspector of the Public Health Service, who has acted in an advisory capacity since the installation. This herd, which now totals 67 cows has, based on the market price of milk, more than paid for the investment, although the dairy has been in operation only one year. The establishment of this dairy was an entirely new departure for the army and has been watched with considerable interest. This dairy has been a wonderful object lesson to the dairymen of this section and has brought to their attention the value of good dairy stock. Following the installation of this hospital dairy there has already been added to the dairy herds of this section 150 high-grade cows from the Wisconsin herds and more will be added before the coming summer.

USE OF MILK.

Whole milk is not used to the extent that it should be in this section, due no doubt, in part to the place and to the temperature conditions. The total milk supply at present is approximately 2,300 gallons per day, or approximately $1\frac{1}{5}$ pint per capita, an amount altogether too small.

While the improvement in the quality of the milk supply is evident from the laboratory findings, we should expect to find a reduction in intestinal disturbances common to the greatest users of milk, the babies. Unfortunately there is no way of determining the fact except in a reduction in the infant death rate due to diarrheal diseases.

A study of the death records of the city of Little Rock from 1910 to date gives us the following figures:

The rates are based upon 100,000 living population.

INFANT DEATHS UNDER TWO YEARS.

Year—	Diarrheal Disease Rate
1910	58.0
1911	97.5
1912	62.0
1913	63.0
1914	70.0
1915	41.7
1916	47.0
1917	37.0
1918	32.0

Baby welfare work has not been carried on in this district to the extent which would in any way tend to reduce the incidence of diarrheal diseases, and we are therefore safe in assuming that any reduction in death rate is due to the better control over the milk supply. The drop in 1915-16 was probably due to the better control by the city milk inspection department over the quality of milk, but as stated before, the city department was not able to exercise the same control over the imported milk that they exercised over the local supply.

The summer of 1918 was exceedingly warm and dry and, due to the congested conditions within the city, conditions were ripe for a considerable baby death rate from diarrheal diseases.

PASTEURIZATION.

In order that milk supplies may be safe at all times, such supplies, in addition to proper production, should be further safeguarded by proper Pasteurization. At the present time, approximately 70 per cent of the supply of the district is pasteurized. The work of control, however, over the supply cannot be considered as complete until such time as the entire supply is pasteurized and properly so. This does not imply that pasteurization is a panacea for all ills, for pasteurization can only be considered in the light of a last and added safeguard which in no way affects or makes unnecessary the enforcement of such measures as will tend to bring to the pasteurizing plants milk fresh and of good quality.

That the work carried on in connection with the control over the milk supplies has been extensive is shown in the following table of work done. This, however, in no way shows the educational work that was necessary, in order that the milk producers might be brought to see that what was required of them was not additional bother and expense, but a thing

in which they should be vitally interested and one that was for their advantage.

REPORT OF WORK DONE BY MILK AND DAIRY DEPARTMENT.

From July 1, 1917, to December 31, 1918.

Inspections.

Dairy Farm	2,457
Milk Depots	765
Receiving Stations	1,196
Ice Cream Plants	654
Wells	227
Privies	505
Total inspections	9,608
Dairy Farms visited	300
Ice Cream Plants visited	12
Milk Depots visited	3
Dairymen and family vaccinated against typhoid and smallpox	200
Sanitary privies in use by dairymen (can type)	165
Small top milking pails in use	130

Tests.

Milk (Bacteriological)	1,335
Milk (Chemical)	871
Sediment test	160
Total	2,366
Cream (Bacteriological)	50
Cream (Chemical)	359
Total	409
Ice Cream (Bacteriological)	105
Ice Cream (Chemical)	268
Total	373
Grand total of samples examined	3,148

Examinations.

Milk cows tested for tuberculosis	2,599
Milk cows physically examined	1,375
Total number of cows examined	3,974

CONTROL OVER FOOD AND DRINK ESTABLISHMENTS.

Prior to July, 1917, inspections of food places and soda fountains were made by the Meat and Food Inspectors of the city. This work was continued on a somewhat broader scale, after the Service assumed charge. The system of inspection and control now in force was inaugurated in December, 1917, at which time an officer of the Medical Corps of the Army was detailed to co-operate with the Service and city in the work. Ordinances and regulations necessary to strengthen the ex-

isting laws were passed. Inspections of all places within the zone where food or drinks were prepared or offered for sale were made and instructions given as to improvements necessary. All employees of such places were required to undergo physical examination and to receive vaccination against both smallpox and typhoid fever by officers of the Service. After a reasonable period reinspections were made and all such places not reaching a score or rating of 65 per cent were barred from serving soldiers or soldiers' families, this order being enforced by the military police. Such places as were not patronized by soldiers and failed to reach the required grade were closed temporarily or permanently by orders of the Municipal Court.

All places preparing or offering for sale food or drinks have been frequently inspected and graded and all new employees required to submit to physical examination and to be successfully vaccinated against both smallpox and typhoid fever. With a general improvement in conditions, the standard was raised so that a score of 75 per cent is now required in order that a permit may be obtained.

The work carried on under this department, exclusive of the examination and vaccination of employees, is shown in the following table:

Total establishments inspected.....	279
Total inspections made.....	3,100

Under this heading comes hotels, restaurants, soda fountains, meat markets, candy stores, candy factories and the like.

MEAT INSPECTIONS.

Prior to the establishment of the Public Health Service Unit in this district, meat inspection work was carried on in the city of Little Rock under the Meat and Food Division of the local Health Department, and all meat slaughtered and offered for sale within the city was inspected. This inspection work was continued after the establishment of the Unit. With the completion of the camp efficient inspection of all meats slaughtered and offered for sale within the zone became necessary, owing to the added demand made upon the local business by the camp.

In order that the efficiency of this inspection service might be increased and the meat supply of both the cities and the camp be under more strict supervision, a co-operative agreement was made between the camp vet-

erinarian and the Service, whereby such officers and enlisted personnel of the Veterinary Corps of the Army as were necessary, would be stationed in the city to work with the Service and city officials. This co-operative work was started early in the year 1918, and has been continued since that date. Since the inspection and control over meat markets has been carried on in connection with the control over food and drink establishments, that portion of the work is included under that head.

During the year 1918, there has been a strict supervision over all slaughter houses and meat packing establishments, as well as over the sale of meat brought into the city by the local farmers. The number of places where animals were slaughtered was reduced and slaughtering allowed only in such places where the proper facilities for carrying on such work were possible.

Post mortem examinations have been made of all carcasses, and those parts unfit for food have been condemned and destroyed. Some idea of the work carried on is shown in the following table, which table shows that the people in this section, as well as the military forces, have been protected in so far as it was possible against the sale of meat unfit for human consumption.

INSPECTIONS.

Post mortem examinations July, 1917, to December, 1918:

Cattle, 4,893; calves, 2,978; sheep, 352; hogs, 8,421; goats, 1,034.

Total animals, 17,678.

Meat condemned, 24,872 pounds.

CONTROL OVER BARBER SHOPS AND MANICURING PARLORS.

In January, 1918, regulations governing barber shops and manicuring parlors were promulgated and since that date close supervision has been maintained over these establishments. All are scored and rated according to cleanliness and methods, and all employees must pass a physical examination and be vaccinated by officers of the Service.

In so far as it was possible all precautions have been taken toward the elimination of the transmission of any communicable disease from customer to customer, or from employee to customer.

The inspection work carried on under this head is shown in the following tabel:

Total barber shops inspected.....	86
Total inspections	730
Total manicuring parlors inspected.....	10
Total inspections	80

The physical examination of employees coming under this head have been made in connection with employees of other types of establishments and this portion of the work will be taken up under another heading.

EXAMINATION OF EMPLOYEES.

As stated before, all employees of establishments where food or drinks were prepared or offered for sale, barber shops and manicure parlors, are required to submit to a physical examination, to receive the typhoid vaccination and to be successfully vaccinated against smallpox. This work has been carried on by Service officers, parts of certain days being set apart for this work.

This work has been of great importance toward safeguarding the great number of civilians and soldiers who have patronized the establishments.

The total number examined and vaccinated during the year was 6,080, of which number 176 were rejected. Rejections have been made for tuberculosis, gonorrhea and syphilis.

RURAL SANITATION.

The rural sanitation carried on in this district, which district is confined entirely to Pulaski County, may be considered in two parts; first, the rural survey work, second, the construction of cement privies in the area within the extra cantonment zone.

These two divisions of the work are entirely separate but are both considered under the heading of "Rural Sanitation."

RURAL SURVEY.

This consisted of the survey work, and the vaccination work. Under the survey work, which was carried on by three teams of two medical men each, all the rural houses in the county were visited, sanitary inspections made and advice given as to proper sanitary conditions, protection of water supply, etc. As is evident, this work is largely of an educational nature and was carried on to bring to the attention of the people in the rural communities the necessity of better sanitary conditions in order to lessen the possibility of infection from typhoid, hookworm and other intestinal

and communicable diseases. Addresses on sanitation were given in churches, schools and other public places throughout the rural sections of the county.

This work, which was started in August, 1917, was continued until December of that year.

VACCINATIONS.

Carried on simultaneously with the educational work was a vaccination propaganda and the vaccination against smallpox and typhoid fever. The work was eminently successful and the results show that approximately 75 per cent of the rural population of the county was vaccinated.

The work accomplished is shown in the following tabulation:

Number of homes visited.....	4360
Schools inspected	107
Stores inspected	70
Churches inspected	61
Depots inspected	13
Public addresses	161

Vaccinations are included in the control of communicable diseases and not separated under any other heads.

PRIVY CONSTRUCTION.

In the sanitation of small rural homes the most difficult defect to remedy is the privy, the focus of the diseases which improved sanitary conditions will practically eliminate.

There has been developed a type of privy so designed that the forces of nature are called into action, making maintenance thereof simple and non-disagreeable. In addition to the above, which to the owner appears the most important, this privy complies with the two fundamental sanitary rules in that it is water tight and fly proof. This privy is a modification of the vault privy consisting of a two-compartment cement vault. In use the compartments are alternated at 4 to 6 months intervals, the contents of the compartment not in use remaining undisturbed during the same interval of time. During the interval that the filled compartment remains undisturbed digestion through bacterial decomposition takes place, the highly complicated organic matter breaks down into simpler forms and tends to mineralize so that at the termina-

tion of the period the contents have become similar to garden loam and may be used directly upon the garden.

It was desired to place privies of this type at all homes within the rural sections surrounding and within fly-flight distance of Camp Pike, Fort Roots and later the Picric Acid Area. The cost of this type of privy is high, averaging \$35.00, and it was realized that this price would make it prohibitive in a considerable number of cases. In order that this type of privy might be constructed throughout the zone the property owners were asked to pay for the material only, the construction work being done by the Public Health Service, county and State.

This work was started in the latter part of February and has been continued since that time.

The number of privies installed by districts is as follows:

Camp Pike-Fort Roots zone.....	152
Picric Acid zone.....	35
Total	187

GENERAL SANITATION.

With the possibility of the establishment of a camp in the district it was realized by the authorities that increased activities toward better sanitary conditions within the cities would be required. Early in June, 1917, the Board of Commerce agreed to co-operate with Commissioner of Health of Little Rock and to bear one-half of the expense toward a complete sanitary inspection of the city.

This work was just beginning at the time officers of the Public Health Service were ordered to this zone for inspection and advisory services. It was suggested to the Commissioner of Health that if he desired, a Service officer would take over the work of directing this survey and of correlating the results so that the best good might be obtained. This suggestion was readily agreed to and plans were made for a comprehensive survey of the city, from which data it would be possible to know the exact conditions prevailing. This survey was completed early in August. Following the survey in Little Rock a part of the survey force was transferred to North Little Rock and the survey of that city made. The results of these surveys are shown on the following table:

ORIGINAL SURVEY.

Little Rock.

Population, white	31,950
Negro	12,041
Hotels and institutions, estimated....	5,000
Number of homes.....	
Population using public water supply..	33,148
Population having no regular supply...	1,198
Population using wells and springs....	13,679
Population tributary to sewers.....	33,703
Population using privies.....	11,260
Total number of wells.....	2,471
Total number of privies.....	3,267
Total number of stables.....	1,041
Total number of horses and mules....	1,165
Total number of cows.....	689
Yards with possible mosquito-breeding containers	2,900

North Little Rock.

Population, white	6,964
Negro	3,772
Number of homes.....	3,218
Population using public water supply..	5,613
Population having no regular supply..	752
Population using wells and springs....	5,476
Population tributary to sewers.....	3,704
Population using privies.....	6,993
Total number of wells.....	1,027
Total number of privies.....	1,782
Total number of stables.....	406
Total number of horses and mules....	490
Total number of cows.....	358
Yards with possible mosquito-breeding containers	1,479

With the information as to conditions the follow-up work necessary was evident. The improvements most necessary were the enforcement of sewer connections, with the abandonment of the insanitary privy, the construction of sanitary privies where sewers were not accessible, the abandonment of polluted and dangerous wells with the introduction of the city supply and the control over the storing and disposal of stable manure.

Reference to the table will show that there were in the two cities 5,049 surface closets serving a population of 18,253, this notwithstanding the fact that approximately 3,000 of these closets were on property within the sewer districts.

The enforcement of the ordinances compelling connection with the sewers is slow, difficult work, generally entailing upon the

property-owner a considerable expense. This work during the period subsequent to the first inspection has been exceptionally costly. The work of enforcing sewer connections has been pushed and the results, while not as satisfactory as could have been desired, show a decided improvement over conditions prior to the time work was begun. There have been 1,582 sewer connections, representing approximately 3,500 houses, made during the eighteen months. This is somewhat more than 50 per cent of those accessible to sewers.

Where connection with the sewer has not been possible the installation of sanitary fly-proof privies has been insisted upon. This type of privy, while far in advance of the old open surface type, can only be considered as a temporary expedient pending the connection with sewers. The privy system in a community can be considered as satisfactory only when the scavenger work is under control of the proper authorities and is properly attended to, which condition does not exist in either of the two cities.

During the eighteen months there have been installed 2,818 privies, which are a considerable improvement over the original privies, and in many cases are of an excellent type. In the operation of a privy system the best control is had when the privies are all of the same type of construction. This is possible in small communities but was found impossible under the conditions prevailing in this district.

WELLS.

The survey showed that in the two communities there were approximately 3,503 wells and springs, mostly of a shallow type, supplying water for a population of 18,435. Wells, and particularly shallow, open wells, taking their water from the first water-bearing stratum, are, when located in thickly built-up sections, an unsafe source of water supply.

Wells have no place in cities, but to convince the public of this fact is a problem. The abandonment of wells and the installation of the public water supply is always accomplished under protest no matter of how good quality the public supply may be.

The work of closing wells in this district has progressed at a fairly satisfactory rate, this rate being to a considerable extent dependent upon the ability to obtain the public water supply and upon the plumbing question. Under the city ordinances and Board of Health regulations wells can be condemned only on

bacteriological examination of the water thereof. The work therefore of getting evidence whereby closing orders may be issued entails a considerable amount of work both in collection and examination of well samples.

During the period covered by this report 1,520 samples of well water have been examined, of which number practically 100 per cent showed evidence of sewage pollution.

Of the 3,503 wells in use in July, 1917, 1,120 have at this time been permanently closed. A considerable number of the remainder are upon property at present inaccessible to the public water supplies.

STABLES.

The common house fly breeds by preference in stable manure, the period of development from the egg to the mature fly during the summer months being about 10 days. To attempt measures toward abating the fly nuisance therefore requires constant and strict supervision over the storing and disposal of stable manure. Stable manure must be removed in its entirety from the stable daily and from the city at least once each seven days. With the proper enforcing of these provisions, the fly control can be fairly successful.

The survey showed that there were 1,447 stables in the two cities, many of which were makeshift structures and of such type as to make cleanliness impossible. Following the survey notice was sent to every stable owner with instructions as to the methods to pursue. These notices were followed by inspections and in so far as possible the ordinances and regulations were enforced. This enforcing of ordinances has tended to reduce the number of stables to a considerable extent. During the fly breeding season reinspections have been made as frequently as the size of the force would permit.

GENERAL.

In addition to the work of enforcing sewer connection, installation of privies, abandonment of wells and control over disposal of stable manure, comes the great variety of inspection work and abatement of insanitary conditions.

Many complaints of poor scavenger service have been investigated but as the scavenger service is outside the Health Department, satisfactory action is not always possible.

Some idea of the work carried on by the Sanitary Inspection Department and the re-

sults accomplished during the eighteen months period covered by this report are shown herewith.

It is estimated that 65 per cent of the work necessary to bring the cities up to 100 per cent on sanitary condition has been completed.

RESULTS ACCOMPLISHED.

LITTLE ROCK.

Original inspections.....	15,000
Total inspections exclusive of above...	36,086
Number sewer connections made.....	935
Number homes represented.....	2,800
Number sanitary privies installed.....	1,868
Number stables inspected.....	1,075
Number city water connections.....	812
Number wells closed.....	1,106
Number water samples collected.....	2,768
Number court cases.....	202
Number miscellaneous complaints investigated	9,311
Extensions to water mains account sanitary work, feet.....	10,886
Miles new sewer laid.....	8¼
Population now served.....	87%

NORTH LITTLE ROCK.

Original inspections	3,218
Inspections not including above.....	14,081
Number sewer connections made.....	647
Number representing homes.....	700
Number of wells closed.....	33
Number of sanitary privies installed...	950

LABORATORY.

At the time the increased health activities were begun there was great need of laboratory facilities in addition to those already existing. Neither the city nor the State bacteriologist was able to take on the added work, although both were willing to aid in so far as it was possible for them to do so.

Laboratory space was available in the State Hygienic Laboratory connected with the Medical School in the Old State Capitol building. Pending more definite arrangements as to the establishment of a laboratory a certain amount of laboratory apparatus was obtained from one of the field laboratories of the Public Health Service, and a bacteriologist of the Service was assigned here temporarily. This laboratory was made ready for work in July, 1917. When the appropriation for sanitary relief work by the American Red Cross was made available, arrangements were made to carry on the necessary laboratory work under

this appropriation. On August 9 a bacteriologist appointed by the Red Cross relieved the Service bacteriologist on temporary detail here and since that date the laboratory work has been maintained by the Red Cross.

The work carried on in the laboratory has been varied as is generally the case in a Public Health laboratory and may be divided into three branches: (1) Sanitary work, (2) Diagnosis and Control of Diseases, (3) Miscellaneous.

SANITARY WORK.

The work under this head has consisted primarily of the routine examination of water and milk, and other special work of like character. A certain amount of this work has been carried on in the city laboratory, although since the establishment of the Unit Laboratory this work in the city laboratory has been curtailed to some extent.

Examination has been made of the public water supplies of Little Rock and North Little Rock and of water from wells located within the city. In addition, various samples of water have been examined in connection with the development of water supply for Camp Pike and Eberts Field.

Examination of water samples from Lonoke County have been made as required.

During the summer of 1918 a considerable number of ice samples were examined in order that the quality of the ice sold in this section might be controlled.

Routine examination of milk and cream has been made in both the Unit Laboratory and the city laboratory. In addition to the routine work considerable work in connection with studies of handling, pasteurizing, shipping, etc., has been carried on.

Ice cream has been examined regularly during the summer.

EXAMINATIONS FOR DIAGNOSIS AND CONTROL OF DISEASE.

Under this head comes the examination for detection, confirmation and release of the various communicable diseases for which laboratory diagnosis is possible. Work of this kind is being continually carried on in both the city and the hygienic laboratories, so that the work carried on in the Unit laboratory has been more or less supplementary to the other laboratories, but in this work the Unit laboratory far exceeded the other laboratories in the amount of work.

MISCELLANEOUS.

As would be expected, the laboratory was called upon from time to time for special examinations which came within the scope of the work but not classified under the first two heads.

SUMMARY OF WORK.

The work as shown is that carried on in the three laboratories in connection with the health activities of the Service Unit.

SANITARY EXAMINATIONS.

Bacteriological examinations of water:

North Little Rock water supply.....	120
Little Rock water supply.....	588
Well water	1500
Miscellaneous water and sewage.....	282
Bacteriological examination of milk and milk products	1522
Chemical examination of milk and milk products	1500

EXAMINATIONS FOR DIAGNOSIS AND CONTROL OF DISEASE.

Tuberculosis	892
Diphtheria	1026
Typhoid (Widals)	772
Typhoid (Feces)	29
Malaria	841
Intestinal parasites	56
Meningitis (Contacts)	1107
Dysentery	4
Pneumonia (Sputum)	18
Gonorrhea	1067
Wassermann (Syphilis)	256

MISCELLANEOUS EXAMINATIONS.

Differential blood count.....	22
Total blood count.....	6
Examination for glass in food.....	2

Of the total bacterial examinations made, 4,558 were made in the laboratory connected with the U. S. Public Health Service, 3,032 in the city laboratory and 2,122 in the hygienic laboratory.

The carrying on of health activities in an efficient and satisfactory manner requires the services of the laboratory to a marked degree, there being no branch of the work in which laboratory facilities are not required. This being the case a health department laboratory needs to be so equipped that a broad field may be covered.

While this district was fortunate in having an excellent city laboratory and State lab-

oratory, yet the work in this district would have been greatly hampered had it not been possible to install a laboratory the work in which was wholly devoted to the public health problems of this section.

PUBLICITY AND EDUCATION.

In the estimation of the public generally, a health department is a sort of sub-police department to which complaints real or fancied of insanitary and all other conditions may be reported, and that this department will remedy the conditions providing the complainant is not implicated.

That the field of activities will vitally affect the health, welfare, and comfort of the community appears to be beyond the conception of the average person.

In order that the public might be advised as to the activities of the health work carried on and of the results accomplished all publicity possible has been given the work through the public press, through service bulletins, through talks and lectures.

The press of the city has co-operated throughout the work, giving considerable space to such subjects as were pertinent.

The question of more Public Health activity has been held constantly before the various civic and business organizations in order that this co-operation which was necessary for the success of the work might be maintained.

Education of the public to a better understanding of public health matters is of vital importance in carrying on successfully public health work. It has therefore been the policy to emphasize the educational feature of the work, with, we hope, some success.

FINANCIAL STATEMENT.

APPROPRIATION.

The money necessary for financing health and anti-malaria work in the Extra Cantonment Zone of Camp Pike has been supplied from several sources. At the beginning of the work in July, 1917, there was available \$50,000 from the Army Post Development Company (Little Rock Board of Commerce); \$22,000 from the city of Little Rock; \$3,000 from the city of Argenta (now North Little Rock); and \$20,000 from the U. S. Public Health Service.

In addition to this there was \$1,500 from Pulaski County; \$1,500 from the State of

Arkansas, and \$3,000 from the U. S. Public Health Service for use in rural sanitation.

In August, 1917, an appropriation of \$7,150 was made by the American Red Cross from the appropriation for sanitary relief.

The total funds therefore available near the beginning of the work was \$102,150, exclusive of the county, State, and Federal funds of \$6,000 for rural sanitation.

In November, appropriations for continuing rural sanitation were made, bringing the total amount available for this work to \$12,000.

In the early part of the year 1918, Federal funds were made available for use in the anti-mosquito work and other health work thus supplementing the local funds, which had, up to this time, been used for this work.

The \$50,000 sanitation fund of the Army Post Development Company has been a liquid fund, and without this fund many of the activities would have been curtailed or delayed, if not actually prevented. In addition to the malaria control work, money from this fund has been used for certain office expenses, for transportation and for many things for which Federal or city funds were not available. Pay rolls have been advanced from this fund to be later refunded. The money necessary for the rural sanitation was advanced from the above fund, since it was impossible to obtain appropriation for the work at the time the work was started.

SUMMARY OF NET DISBURSEMENTS.

Malaria control:

U. S. Public Health Service—appropriations—Interstate quarantine and protecting the health of the military forces, 1917-1918..	\$ 37,123.20
U. S. Public Health Service, supervision and engineering (2) ..	10,433.56
Army Post Development Company	27,880.95
City of Little Rock.....	12,925.15
City of North Little Rock.....	1,276.16
Pulaski County	2,569.20
Total	\$ 92,208.22

General Health Work:

U. S. Public Health Service, salaries and expenses of personnel (1)	\$ 32,400.23
U. S. Public Health Service, other expenses, approximate (3).....	6,533.94
Army Post Development Company (4)	9,307.64
City of Little Rock	7,396.97
City of North Little Rock.....	2,408.48
American Red Cross.....	10,412.99
School Board	623.29
Arkansas Health Association.....	340.00
Total	\$ 69,423.54

Rural Sanitation:

U. S. Public Health Service.....	\$ 8,359.03
Pulaski County	3,000.00
State of Arkansas (advanced by Board of Commerce).....	2,702.05
Total	\$ 14,061.08
Grand total	\$175,692.84

Note 1. Complete records of expenses of officers ordered to this station are not on file at this station and have been estimated as closely as possible.

Note 2. This item includes all sanitary engineering work in connection with the work of the station in addition to the supervision of the anti-mosquito work.

Note 3. Includes estimate for typhoid vaccine forwarded this station from the Hygienic Laboratory.

Note 4. Includes the net cost of the purchase of six Ford touring cars and the operation of four automobiles and two Ford trucks.

Total disbursements:

U. S. Public Health Service.....	\$ 94,849.96
Army Post Development Company	37,188.59
City of Little Rock.....	20,322.12
Pulaski County	5,569.20
American Red Cross.....	10,412.99
City of North Little Rock.....	3,684.64
State of Arkansas (advanced by Board of Commerce).....	2,702.05
School Boards	643.29
United Charities and Arkansas Public Health Association.....	340.00
Total	\$175,722.84

LONOKE COUNTY.

The work carried on in the Extra Cantonment Zone of Eberts Field and in Lonoke County as a whole, has been along the same lines as in Pulaski County, but since the conditions were in many ways different, the Lonoke work is taken up separately omitting a considerable amount of the general discussion which is covered in the section devoted to the Camp Pike Zone.

HISTORICAL.

In the summer of 1917, the Lonoke Chamber of Commerce aided by the Little Rock Board of Commerce started a campaign to secure favorable consideration for the location of a flying field at Lonoke, in which campaign they were successful.

When the acceptance of the site appeared imminent the Public Health Service was requested by the State and local authorities to assume the same control over the health and sanitary activities as in the Camp Pike Zone.

The Quorum Court of Lonoke County appropriated the sum of \$5,000, available January 1, 1918, for rural sanitation work, to which the United States Public Health Service added an equal amount from the "Appropriation for Rural Sanitation." A survey of the district with special reference to the malarial conditions was made in October by Sanitary Engineer J. A. LePrince following which an outline of work necessary was made.

Active work within the district was commenced on January 1, 1918, practically simultaneously with the commencement of construction of the camp.

ORGANIZATION.

The work was carried on in connection with the work in the Camp Pike Zone under Senior Surgeon C. C. Pierce. Assistant Epidemiologist J. C. Geiger was in local charge and Sanitary Engineer R. E. Tarbett in charge of the anti-mosquito work. Certain personnel were stationed at Lonoke in addition to the personnel of the Little Rock organization who were directing the work at Lonoke.

CO-OPERATIVE WORK IN EBERTS FIELD.

During the construction of Eberts Field a perfect co-operation in health control measures existed between the Medical Officer, and the Construction Officer, U. S. A., the contractors and the U. S. Public Health Service.

Only through this kind of co-operation was it possible to obtain the desired results. The establishment of such a camp near a city the size of Lonoke is a true menace to the health of the community unless a maximum of control be exercised over health matters in the camp. The mere writing of this report does not in the least show the many difficulties encountered, the tremendous difficulties of construction being intensified in the task of health control. The work accomplished at Eberts Field offers an object lesson in preventive medicine and places this camp in the foremost rank of those giving health protection to its laboring population and to the surrounding community.

ISOLATION HOSPITAL.

The appearance of a case of measles in one of the bunk-houses made it necessary that some accommodations be immediately made available for the control of communicable diseases, there being no hospital facilities either in Lonoke County or in the city of Lonoke. At our request authority for this was granted and a temporary wooden building and two extra tents were constructed. This hospital, crude, as it was, rendered invaluable service to the medical officers and made possible the uninterrupted continuation of the building of the camp by avoiding a possible quarantine. Cases of smallpox, measles, pneumonia, mumps and meningitis have been isolated and the diseases controlled accordingly.

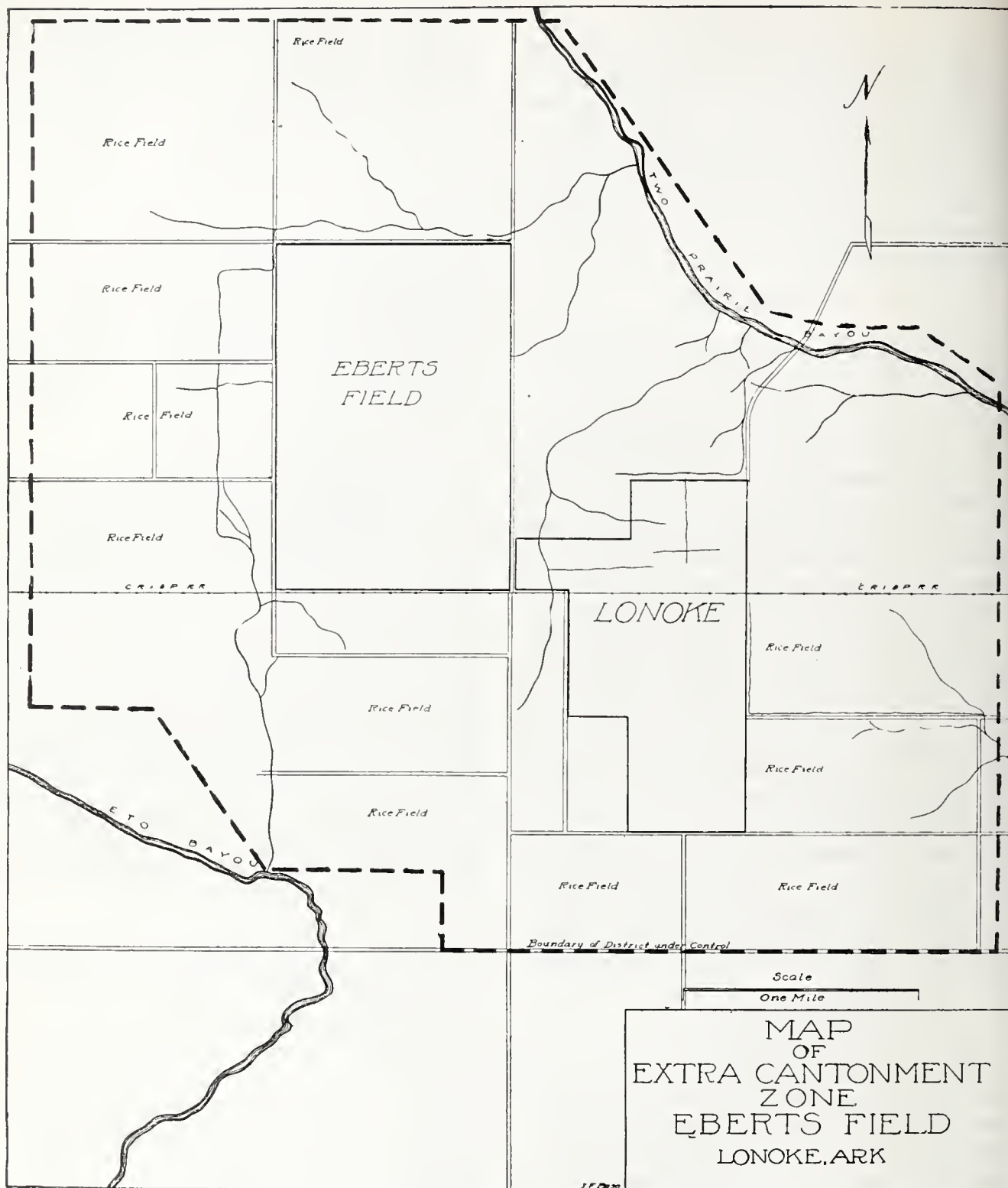
VACCINATION.

Since our arrival at Eberts Field January 2, we passed on and vaccinated for smallpox seven thousand fifteen laborers.

There have occurred seven cases of smallpox in the laborers employed, four of which were discovered to be in the eruptive stage when they appeared for vaccination. The remaining three cases developed the disease on the field. All these were but failures of vaccination and their immediate contacts were revaccinated as well as themselves. When one considers that 75 per cent of these were persons recruited from neighborhoods in which smallpox was epidemic, then one can appreciate the efficiency of vaccination and of the methods used.

SUPERVISION OF FOOD AND BUNK HOUSES.

Though thought rarely necessary in government camps, the supervision of food supplies may become needful if these supplies be



handled in a careless manner. There is no doubt that the food served by the contractors was a reasonably decent and safe supply. It is proper to assume that the increase in disease thought to be due to food is more apparent than real, nevertheless proper supervision should be carried on if only for aesthetic reasons. In camps the size of Eberts Field, there is often a lapse of the hygienic conscience which happily was not the case here,

the contractors always meeting our suggestions gladly.

FIRST AID

Though not a part of our duties, the use made of the physicians of the United States Public Health Service in first aid work by the laborers reached proportions worthy of consideration. The following wounds and injuries received attention:

Nail and splinter punctures.....	97
Head injuries	5
Crushed fingers, hands, etc.....	25
Back injuries	4
Sprains	20
Saw injuries	5
Secondary vaccination dressings.....	1200

COMMUNICABLE DISEASES. *

The following diseases occurring within the construction camp were investigated and their contacts controlled.

Smallpox	7
Measles	3
Mumps	18
Pneumonia	7
Gonorrhea	55
Syphilis	22
Meningitis	2

VENEREAL DISEASES.

It is interesting to note the large number of cases of venereal diseases. The discovery of these was more or less of an accident, a consistent attempt to examine never having been made. All cases were promptly isolated and sent to the clinic of the U. S. Public Health Service in Little Rock, transportation being provided. It is to be regretted that only a comparative few reached the clinic, yet we feel that by the elimination of these cases from the camp, a decided step was made toward the solution of the immediate problem of prevention of these diseases in the Extra Cantonment Zone of Eberts Field.

MALARIA CONTROL.

Active malaria control measures were instituted and enforced within what was known as the Extra Cantonment Zone, covering an area of 12 square miles, within which area was located the camp and the city of Lonoke. The population of this district, exclusive of the camp, was approximately 2,400.

In the prevention of malaria there are four general methods or means:

1. Controlling mosquito production.
2. Preventing access of mosquitoes to well people.
3. Preventing infection of mosquitoes.
4. Immunizing people against malaria.

Generally it is impossible to carry on in an individual district all of the known meth-

ods simultaneously, but in the district under consideration this was possible except for the fourth method, which was not attempted. The methods of malaria control carried on in the Lonoke district may be classed under three heads (1) limiting mosquito production, (2) screening, (3) human control.

LIMITING MOSQUITO PRODUCTION.

The area within which control measures were carried on as stated before was approximately 12 square miles. Rice is grown extensively within the area, approximately two square miles being under cultivation.

Under agreement with the War Department, no land was to be used for rice culture within 1,500 feet of the field boundaries. The rice fields were therefore one mile distant to the west from the camp buildings and three-fourths of a mile from the southernmost field building.

The control measures were confined to the areas not under rice cultivation, which fact made efficient control impossible.

The area was flat with the divides undetermined, the fall of the various streams was slight.

CONTROL BY DRAINAGE.

Such small streams as existed in the area had no well defined channels. Surface drainage and all drainage from the rice fields was taken care of by open ditches and for the most part by road ditches. These ditches were not constructed to grade and many of them had no outlet.

In order to reduce water surfaces to a minimum so that proper conditions for efficient control over mosquito production might be obtained it was necessary to clear and channel existing waterways, to clear old ditches, and to construct new ditches for the drainage of swamp areas and for the prompt removal of the water from the ricefields.

This work was started on March 1 and continued until November 15.

The work necessary consisted of clearing approximately ten miles of badly overgrown stream bed and the ditching of 76 miles of ditches, varying in depth from eight inches to three feet.

Maintenance was necessary over many of the ditches and particularly the road ditches in order to maintain clear channels.

CONTROL BY OILING.

Oiling control was begun in April simultaneously with the commencement of breeding and from that date until October 15 all water surfaces were sprayed with oil at intervals not greater than seven days.

Due to the frequent breaking of rice field levees close inspection and frequent applications of oil were necessary to prevent production. During the season a total of 10,345 gallons of oil were used, the oil being the same type of oil as used in the Camp Pike Zone.

COST.

The cost of the mosquito control work is summarized as follows:

New work	\$ 9,509.55
Maintenance	2,847.02
Oiling	3,057.15
Equipment	519.51
Transportation	515.77
Supervision	2,658.33

Total \$19,107.31

Of the above amount, \$17,019.30 was expended by the U. S. Public Health Service and \$2,088.01 from the local fund.

SCREENING.

In January a survey was made of every building in the zone and requirements for screenings published, with a definite date for complete fulfillment. All screening was required to be of wire mesh 16-18 to the inch. Upon the first inspection only 10 per cent of the buildings were found to be properly screened. All public buildings where gatherings might be held at night were required to install vestibule screen doors in addition to the regular screens. All buildings were classified, on a basis of reasonable screening, into three classes, uninhabitable, repair possible, and good. Those under the first class were required to be vacated.

No entertainments were allowed to be held other than in screened enclosures, hence eliminating all open air night gatherings. Monthly inspections of screenings were made throughout the season.

HUMAN CONTROL.

The human control work consisted of the detection and sterilization by quinine of human carriers of the malarial parasite.

The first step in this work was the blood examination of all persons residing in the

zone, in order to detect possible carriers. This blood examination or index was made twice, once in January and February, once in May, 4,297 blood smears being examined. Blood examinations were also made throughout the summer for detection of carriers in new residents. These examinations showed a total of 90 persons harboring the malarial parasites.

The taking of these indexes represented a large amount of educational work in order to create a spirit of co-operation in this community, in which malaria control measures had never before been tried.

Of the ninety persons found to be carriers, each was treated with quinine for 30 days, 10 grains being given in capsules by mouth each day.

In September a cheek index was made, at which time all previously known carriers were found to be negative.

The results of these indexes have brought out many interesting features and have increased to a considerable degree the knowledge as to the peculiarity of malaria carriers.

LABORATORY.

The laboratory located at Lonoke was devoted entirely to malaria studies, examinations of blood smears being carried on continuously in addition to the diagnostic work for the physicians of the county.

Malaria mosquitoes (*A. quadrimaculatus*) were continually examined by dissection during the summer in order to detect, if possible, infected mosquitoes.

During the year 8,300 blood smears have been examined for the malaria parasite.

RESULTS.

The results of the malaria control work in the zone are interesting when we compare mortality and history incidence in 1917 with mortality and case reports in 1918. In 1917 four deaths from malaria occurred within the control area, giving a death rate per 100,000 of 160. During 1918 no deaths occurred. The history incidence in 1917 showed that 29 per cent or 522 persons suffered with the disease, whereas in 1918 only one case occurred. It has therefore been demonstrated that in a rice field area with a high malaria incidence, efficient control measures may be successfully carried on.

SCIENTIFIC INVESTIGATION IN THE RICE FIELDS.

The object of this work was to study the problem of mosquito production in rice fields,

in order that, if possible, some means might be found to check the breeding of mosquitoes but meantime be non-injurious to the rice. Plankton Expert W. C. Purdy of the U. S. Public Health Service, was detailed to this work.

Ten plots of rice, of one acre each, were studied during the entire rice season. Two kinds of oil, small fish (top-minnows), and intermittent watering were all tried in the effort to reduce mosquito breeding without harming the rice crop.

The more important results of the study were as follows:

1. Oil applied by drip can as water flows on field does not spread properly through rice, but puddles near the drip and kills some of the rice.

2. A new method of applying oil protects rice from any visible injury and insures uniform distribution of oil film. This is by use of oil-soaked sawdust which is scattered broadcast among the rice. The resulting oil film kills mosquito larvae.

3. Top-minnows apparently devour some mosquito larvae, but these fish usually stay along levees or work up-stream, and thus do not prevent breeding of mosquitoes in mid-field. Their practical value is questionable.

4. Intermittent watering requires draining of plots each time mosquito larvae become numerous, then re-watering before rice suffers. This requires four or five times the usual amount of water during the rice season. The method is expensive and unsatisfactory.

5. Very large numbers of aquatic larvae of insects are found in the rice fields. Many of these larvae are natural enemies of mosquito larvae.

6. Large quantities of various algae (locally known as "moss," "green slime," etc.) grow in the water of the rice fields. These plants die and decay in a few weeks and tend to make the water stale and "sour."

Investigations along this line are of vital importance since methods of controlling mosquito production within the rice fields without interfering with the growth of the rice are necessary before efficient malaria control can be exercised in the rice growing sections of the South.

One experiment was carried on to determine the flight range of the *A. quadrimaculatus*, the malaria-carrying mosquito of this section.

This experiment consisted of catching, staining and liberating 4,000 mosquitoes, after which 20,000 were caught at intervals from point of liberation and examined for the stain. A few (10) of the original stained mosquitoes were found three-fourths of a mile and one mile from point of liberation.

COMMUNICABLE DISEASE CONTROL.

Control over communicable diseases has been carried on as in the Camp Pike Zone. Prior to the establishment of the Unit little or no attempt was made by the physicians to report cases. Early in the work considerable stress was laid upon the necessity of prompt and accurate reporting and the results have been excellent. The table shows the cases reported in the county for the year 1918. No comparison can be made with previous years owing to the lack of reports for these years.

VACCINATIONS.

Vaccinations against smallpox and typhoid fever have been made throughout the year. The total number of smallpox vaccinations, exclusive of the vaccination of laborers at Eberts Field was 1,140, and of typhoid 2,000.

Other than the influenza epidemic there has been no outbreak that could be considered as epidemic.

VENEREAL DISEASE CONTROL.

This work has consisted of checking druggists' reports and bringing cases under proper treatment and the enforcement of continued treatment. The clinic in the Camp Pike Zone has been at the service of those in this zone.

SCHOOL INSPECTION.

An inspection of the school children of Lonoke and England was made in May but no follow-up work was attempted. In this work 409 children in England and 435 in Lonoke were examined.

CONTROL OVER MILK SUPPLY.

The milk shipped to the zone comes under the Camp Pike Zone control. In addition there was one small dairy, inspection of which has been constant.

CONTROL OVER PREPARATION AND SALE OF FOOD AND DRINK.

Within the zone the same regulations have been enforced as in the Camp Pike Zone. Frequent inspections have been made and physical examinations with vaccination of all employees required. The work carried on under this heading is as follows:

Number of inspections.....	196
Employees examined, Lonoke.....	71
Employees examined, England.....	116
Employees rejected	18

GENERAL SANITATION.

General sanitary work has been confined largely to the zone within which better san-

	Lonoke	Engl'd
Number of dwelling houses.....	259	325
Number of stores and offices....	51	100
Number of rooms	1636	1800
Number room space per person	11¼	11½
Population (white)	1404	1150
Population (negro)	201	616
Poulation using insanitary privy	1400	1500
Population using septic tank...	120	100
Population having no privy....	85	75
Population using city water....	897	1200
Population using well water...	598	598
Population without water supply	110	70
Number horses and mules.....	162	155
Number cows	173	180
Number hogs	73	105

CASES OF COMMUNICABLE DISEASES
Lonoke and Lonoke County.
January 1, 1918, to December 31, 1918

DISEASE	Jan. to June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Measles	313	6	1	....	4	....	....	324
German Measles	48	....	....	....	1	....	....	49
Pneumonia	123	....	....	....	51	29	4	207
Chickenpox	15	2	2	1	....	....	....	20
Smallpox	103	....	1	....	8	....	....	112
Malaria	297	145	145	68	40	26	19	740
Typhoid	22	3	11	6	6	2	2	52
Tuberculosis	72	6	9	3	3	4	2	99
Scarlet fever	3	....	1	2	....	....	....	6
Mumps	102	1	....	1	4	2	....	110
Meningitis.....	17	2	....	....	....	2	....	21
Whooping cough	42	....	....	1	1	7	....	51
Diphtheria	7	1	3	1	4	2	3	21
Erysipelas	5	....	3	....	2	....	....	10
Tonsilitis or Septic Sore Throat.....	12	1	10	1	3	....	....	27
Trachoma . . . . .	....	....	....	....	....	....	....	....
Pellagra	36	18	2	5	....	....	....	61
Dysentery	22	10	1	1	....	....	....	34
Gonorrhea	115	15	19	13	5	5	6	178
Syphilis	42	5	5	8	2	3	2	67
Chaneroid.....	7	3	1	....	....	....	....	11
Influenza	8	8	....	48	1580	296	953	2893
Tetanus	1	....	....	....	....	....	....	1
Hookworm	2	....	....	....	....	....	....	2
Trachina . . . . .	....	....	1	....	....	....	....	1
Total	1414	226	215	159	1714	378	991	5097

itary conditions have been enforced. In addition work was carried on in the cities of England and Carlisle and considerable improvements made in these sections.
Complete surveys were made of Lonoke and England, the results of which are shown herewith:

Improvements necessary were principally general cleanliness and improved methods of disposal of human excrement. Arrangements were made for the installation of sanitary privies of uniform type, a proper scavenger service, and disposal of night soil. This work in the cities of Lonoke and England is 100

per cent complete but is not as yet on a 100 per cent basis in Carlisle.

The number of sanitary privies installed in Lonoke is 430 and in England 435, thus eliminating entirely the population using the insanitary privies or no privies.

The greater portion of the wells in this section take their water from a sand stratum overlaid with impervious clay. This water is of good quality, and improvements other than in the sanitary conditions of the surroundings were unnecessary.

Frequent inspections of stables have been made in order that those conditions favoring the breeding of flies might be reduced to a minimum.

Constant inspections of all premises have been made in order that sanitary conditions be maintained.

The amount of work covered is shown in the table:

	Lonoke	England	Carlisle
Original inspections..	310	425	
Inspections	3518	1539	421
Sanitary privies in-			
stalled	430	435	
Septic tanks installed	10	2	10
Complaints corrected	610		
Screening notices...	470	152	216

The work in England was carried on only to July 1 and that in Carlisle only for a part of the time.

RURAL SANITATION.

The rural sanitation work with the exception of investigation and control of communicable diseases has been confined to the area about the camp exclusive of the city of Lonoke, this area being about 12 square miles. Frequent inspections and improvements in the sanitary condition of premises and the efficient screening of all houses has been required. Forty-two privies of the concrete vault type have been constructed, which number covered all homes but five.

Due to the death of some cattle from anthrax close supervision has been maintained and the prompt burning of all dead animals required.

This rural sanitation has been carried on in connection with the sanitation of the city of Lonoke.

PUBLICITY AND EDUCATION.

An educational campaign has been carried on throughout the work, and many lectures and talks have been given. Wide publicity, showing the character and results of the work,

has been given through the local newspaper and through the wide distribution of service publications.

Due to the character of the work carried on and particularly in reference to malaria work, educational measures were necessary in order that the co-operation necessary for the proper carrying on of the activities be obtained.

GENERAL.

In addition to the work in the two counties, Pulaski and Lonoke, it has been the policy of the Public Health Service through the officers stationed in this State to co-operate in every way possible with the State Board of Health.

Some of the special investigations include investigation of a typhoid outbreak and investigation and control measures in smallpox outbreaks. Surveys and advice in connection with public health problems have been made at Pine Bluff, Fort Smith, and Conway. Smallpox and typhoid vaccine have been furnished to various physicians throughout the State to be used for free vaccinations.

INFLUENZA RELIEF.

During the Spanish Influenza outbreak in October and November, 1918, medical and nursing relief was furnished by the Public Health Service to those sections of the State where such help was needed. This relief work was carried on in co-operation with the State Board of Health. Nine physicians and thirteen nurses were employed on this work. Aid was given to the following communities: Bauxite, Ouachita, Weldon, Jonesboro, Newport, Blytheville, Greenwood, Palestine, Foreman, Moro, Wilmot, Swifton, Springfield, Farrell and Tuckerman.

CONCLUSION.

Of the interesting facts brought out in this report particular attention is called to the following:

1. There has been a reduction of 96 per cent in physicians' practice as far as malaria is concerned with the absolute protection of soldiers against the same disease, all at a per capita cost of 28 cents a year.
2. The complete elimination of malaria in a typical rice district (Lonoke) notwithstanding the enormous production of anopheles mosquitoes.
3. The protection accorded the general public through the establishment of modern methods of control in the outbreaks of five different communicable diseases along with

the discovery of a typhoid carrier and the recording of two failures of typhoid immunization.

The difference in the mortality rate during the influenza epidemic of whites and negroes, the negro rate being 15 per cent less.

5. The co-ordination of all nursing activities with the establishment of bedside instruction.

6. The completion of medical inspection of school children in Little Rock and North Little Rock with the obtaining permanent records and the establishment of corrective clinics.

7. The remarkable improvement in the milk supply with a considerable reduction (30 per cent) in the death rate from diarrheal diseases.

8. The large number of physical examinations of employees of restaurants, barber shops, etc.

9. The intense and successful campaign against venereal diseases.

10. The great improvement of general sanitary conditions as ascertained by the survey.

DISCUSSION.

While great advances have been made during the past eighteen months it must be realized that the health and sanitation campaign is only in its infancy. The work must be carried on continuously else the time, energy and money expended will be lost.

Of the work carried on, the malaria control stands out pre-eminent, and this work should under no circumstances be discontinued. Failure to continue the work for one or two seasons would bring about the conditions prevailing prior to the commencement.

Considering the complexity of the problem great advance has been made in the control measures over, and the treatment of persons infected with venereal diseases. This work must be carried on with renewed activity and particularly so during demobilization of the army and the reconstruction period.

The sanitary work in the Camp Pike Zone is only 65 per cent complete and this work should be carried to completion with sufficient machinery to maintain it at 100 per cent at all times. More efficient scavenger service should be obtained in the Camp Pike Zone, without which efficient sanitation cannot be obtained.

The co-operation now existing between the civil and military authorities, the business interests and the citizens must continue if the best results are to be obtained.

The Hot Spring County Medical Society met February 6, at Malvern, and elected the following officers: Dr. E. T. Bramlitt, Malvern, President; Dr. J. A. Cox, Donaldson, Vice President; and Dr. W. G. Hodges, Malvern, Secretary and Treasurer.

An attractive program is being prepared by the Pulaski County Medical Society to be held in the Old State House, on the evening preceding the opening session of the State Society. Among the invited guests will be Dr. Barney Brooks and Dr. G. Candy Robinson of Washington University, St. Louis. Subjects of their papers will be announced later. Members of the State Society are cordially invited to be present at this meeting.

Book Reviews.

A MANUAL OF GYNECOLOGY.—By John Cooke Hirst, M. D., Associate in Gynecology, University of Pennsylvania; Obstetrician and Gynecologist to the Philadelphia General Hospital. 12mo of 466 pages, with 175 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$2.50 net.

In presenting this manual Dr. Hirst gives a concise and accurate outline of gynecology, in a manner that makes the book quite valuable for the busy practitioner.

A special chapter deals with leukorrhea. The operation of dilation and curettage of the uterus has been given somewhat extended space. The entire subject is well covered without unnecessary waste of space.

AN INTRODUCTION TO NEUROLOGY.—By C. Judson Herrick, Ph.D., Professor of Neurology in the University of Chicago. Second edition, reset. 12mo of 394 pages, 140 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$2.00 net.

This little book has been prepared in the hope that it will help the student to learn to organize his knowledge in definite functional patterns earlier in his work than is often the case, and to appreciate the significance of the nervous system as a working mechanism from the beginning of his study.

The material presented in this book arranged in three groups: (1) Chapters I to VII discuss the more general neurological topics; (2) Chapters VIII to XVIII comprise a brief account of the form of the nervous system and the functional significance of its chief subdivisions in general, followed by a review of the architectural relations of the more important functional systems; (3) Chapters XIX to XXI are devoted to the cerebral cortex and its functions.

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The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

THE WONDERFUL WORK OF THE U. S. PUBLIC HEALTH SERVICE.

This month's issue of the Journal is devoted to the report of the work of the U. S. Public Health Service at Camp Pike and Eberts Field in the form of a paper entitled "Extra Cantonment Zone Sanitation," showing a completion of survey with results by Dr. J. C. Geiger, Assistant Epidemiologist; R. E. Tarbett, Sanitary Engineer, and Dr. C. C. Pierce, Assistant Surgeon General. Every line merits the thoughtful reading and consideration not alone of the medical fraternity but of the laymen generally.

Perhaps the most prominent feature is the fact that a reduction of 97 per cent in cases of malaria treated and concurrently absolute protection of the men in these two camps against this disease, which has been one of the banes of the South—and all at a per capita cost of 28 cents per year.

In the Lonoke district it is shown there has been complete elimination of the disease in spite of the fact that there is an enormous propagation of the malaria-carrying anopheles mosquito.

Other features, well worthy of attention are:

(a) The protection afforded the general public, as well as the soldier, through the establishment of modern methods of control throughout five epidemics of communicable diseases, together with the discovery of one typhoid carrier and the recording of only two failures of typhoid immunization.

(b) The difference between the mortality rate, as between negroes and whites during the influenza epidemic, the negro rate being 10 per cent below that of whites—a fact which may well become subject for investigation, as to the reason for this difference in favor of the black race.

(c) The co-ordination of all nursing activities with the establishment of a system of bedside instructions.

(d) The completion of medical inspection of the public schools of Little Rock and North Little Rock whereby were obtained permanent records and the establishment of corrective clinics.

(e) A remarkable improvement in the milk supply and the gratifying result of a

30 per cent reduction in diarrheal diseases, traceable thereto.

(f) The rigid physical examination of all employees of restaurants, barber shops, bakeries—in short, of all places of business in which the employee comes into direct personal contact with customers, handling foodstuff, manipulating the person, such as barbers and manicurists, this inspection being designed to reduce the danger of infection from personal contact.

(g) The intensive campaign against the spread of venereal disease, including segregation of infected soldiers, the examination of men after admitting intercourse and the methods pursued in confining infected public women in the detention home for treatment.

(h) The general improvement in sanitary conditions not only in camps but in camp zones, especially districts in the immediate vicinity.

This much for the report of results. The important thing is the continuance of the work. We all know how much easier it is to let palliative measures lapse than it is to keep them up. Any relaxation in sanitary and disease prevention activities would inevitably mean that the work done would be practically nullified and that in a short time. Without them one infected person could start anew diseases of a communicable nature, which would continue to spread without limitation. When one infects another then there are two sources of infection and when the two infect others there are four and so the multiplication proceeds with ever increasing ratio until only a brief time would suffice to undo all that had been done.

This outstanding fact should be impressed emphatically not only on the medical profession but on every citizen who can be reached. There has always been a lack of understanding and therefore a lack of public co-operation as far as the ordinary citizen is concerned with the efforts of sanitarians. There are ignorance, indifference and unbelief to battle with always. These factors must be overcome. It is uphill work, but public co-operation of the citizens generally is essential. Without it much of the intelligent effort of sanitarians goes for naught. In the camps with the inhabitants under military rule, obedience to orders being imperative, results are more easily obtained than in civil communities. It is true that progressive, public-spirited, in-

telligent citizens have heartily rendered all the aid possible but the unintelligent, selfish, indifferent citizen must also be reached by an educational campaign lest one of those undo to an appreciable extent the work accomplished by scientific effort.

The report shows that the work at the Camp Pike Zone is only 65 per cent complete. It must be carried to 100 per cent completion and maintained at 100 per cent efficiency or we will soon be going backward. The scavenger service in the Camp Pike Zone, including the city of Little Rock, demands considerable improvement and without it efficient sanitation cannot be maintained.

We hope every member of the Journal will read the extensive and elaborate article published in this issue and having read it talk it to his neighbors and patients and keep up a constant propaganda of health and sanitation.

Personals and News Items.

Dr. and Mrs. Robert Caldwell, Little Rock, visited in St. Louis this month.

Dr. H. B. Thompson has moved from Paris to Fort Smith.

Dr. Flem D. Smith has moved from Alicia to Blytheville.

Dr. C. S. Pettus of Little Rock has returned from St. Louis.

Dr. O. C. Butler of England recently attended the clinics in New York.

Dr. M. B. Owen has moved from Eight Mile to Remmell.

Dr. Thomas J. Wood of Evening Shade has moved to Little Rock and is connected with the State Board of Health.

Dr. Lincoln Humphreys, Assistant Surgeon, U. S. Navy, North Little Rock, and Miss Julia J. Youngquist of St. Paul, were married January 14, 1919, at Washington, D. C.

Dr. Seale Harris, Lt.-Col., Medical Corps, U. S. Army, has returned from France, and resumed his private practice in Birmingham, Ala., and incidentally taken up his former duties as editor of the Southern Medical Journal.

The Sixth Annual Conference of the County Health Officers of Arkansas met February 27-28 in Little Rock. Approximately fifty representatives from all over the State were pres-

ent. Dr. C. W. Garrison, State Health Officer, presided. The following officers were elected: President, Dr. H. L. Montgomery of Gravelly; Vice President, Dr. C. F. Crosby of Heber Springs.

The following Arkansas physicians have recently received their honorable discharge, Medical Corps, U. S. Army, and have resumed their practice in their respective homes:

C. H. M. Mason, Barfield; N. B. Bureh, Colt; O. Miller, Fayetteville; W. L. Shirey, Foreman; T. E. Jeffrey, E. M. Thompson, P. A. Riddler, Fort Smith; G. Hodges, Garfield; B. Gwaltney, Haskell; W. J. Bush, M. F. Lautman, W. L. Snider, J. B. Strachan, H. H. Smith, Hot Springs; J. R. Smith, Lewisville; C. P. Meriwether, N. W. Riegler, W. A. Snodgrass, Little Rock; H. D. Bogart, E. D. Wall, Marianna; R. N. Brown, McGehee; M. Y. Pope, Monticello; O. Howton, Osceola; W. A. Moore, Rogers; J. F. Hays, Russellville; M. V. Waddle, Success; L. J. Kosminsky; F. A. Norwood, Texarkana; H. C. Brooke, Casa; L. L. Purifoy, El Dorado; F. E. Harrison, Fordyce; R. E. Weaver, D. Smith, Hope; D. C. Roberts, Huntsville; J. C. Graves, Lockesburg; G. F. McLeod, Magnolia; E. E. Holt, B. H. Hawkins, Mena; O. E. Jones, Newport; C. V. Powell, Round Pond; T. E. Rhine, Thornton; F. Webb, Turrell; S. C. Andrews, Waldo; J. C. Land, Walnut Ridge; T. E. Gray, Winslow; I. N. McCollum, Conway; E. Baker, Dermott; J. D. Mitchell, Uniontown; H. W. Graves, Elm Springs; E. W. Blackburn, Ozark; R. A. Harkins, Ratcliff; D. Edrington, Walker; M. C. Crandall, Wilmot; G. E. Tarkington, Hot Springs; S. T. Tapscott, Searcy; D. R. Dorente, Fort Smith; G. L. Wilson, Hermitage; L. Thompson, H. K. Wade, Hot Springs; E. W. Pollard, Hughes; C. B. Hollabaugh, Leslie; E. R. Cotham, Monticello; T. E. Fuller, Texarkana; W. N. Freemyer, S. B. Hinkle and D. C. Lee, Little Rock.

THE MAY MEETING.

The annual meeting of the Arkansas Medical Society will be held in the Old State House, Little Rock, May 20, 21, 22. It may be well to remember that the success of these meetings rests with the members of the State Society. It does not rest entirely with the comparatively few members who, composing committees, have the arrangement and program in charge. They must have the co-operation of the members. Have you notified

the State Secretary, Dr. C. P. Meriwether, or the chairman of the Program Committee, Dr. A. L. Carmichael, that you have prepared or will prepare a paper to be read? If not, do it now. It is your convention. Don't overlook this fact. The society is composed of individual members. Each member is equally interested. It is up to the individual member to make the convention a success or a failure. The time is short. Get busy.

OUR ADVERTISERS.

An advertiser said last month, "We have some business in Arkansas and no doubt some of it comes from our advertising in the Journal; but we cannot actually know this, because it is a rare thing for a doctor to say in his order that he saw the advertisement in the State Journal. This is not confined to your Journal. It is true more or less in all States."

The Journal is the property of the members. It is supported by the advertising. It is not conducted for profit of the editor or publisher. Without the advertising the Journal would have to suspend publication or involve a heavy tax on the members. As it is the subscription of every member is included with his annual dues. The least members can do is to co-operated with the editor to the extent of always mentioning that article ordered was advertised in the Journal. It is only a matter of adding a single line to the letter you write. If this be done it will make infinitely easier the getting of new advertisements and the renewal of others.

DR. GEIGER LEAVES.

Is Notified to Proceed to California to Take Up New Assignment.

Dr. J. C. Geiger, medical officer who has been in charge of the United States Public Health Service in Little Rock and vicinity, has received a telegram from Surgeon General Blue instructing him to proceed to California to begin his new duties as Chief Epidemiologist of the department, and Dr. Geiger announced Friday that he would leave Little Rock Saturday morning for New Orleans, and from there proceed up the coast to San Francisco, where he will have his headquarters.

It will be Major Geiger's duties to direct malarial investigations, particularly in the rice fields of the country, and he will have his headquarters at the University of California, from which he will direct a force of

investigators that will be assembled there. Among these investigators will be some of the leading experts of the country.

For the present Lieut. R. E. Tarbett, Sanitary Engineer in the department, who planned and superintended the sanitary work in connection with the elaborate health scheme carried on in Little Rock under the direction of Dr. C. C. Pierce, Dr. Weldon and Dr. Geiger, will be temporarily in charge of Federal work at this point, but as Lieutenant Tarbett already is under orders to return to Washington to resume work along the line in which he was engaged prior to coming to Little Rock, it is probable that some one else will be delegated in the near future to look after the government work in this locality.

Dr. Geiger took official leave of the city at the last meeting of the city council, when a resolution highly eulogistic of the work carried on by him and Lieutenant Tarbett was passed by a unanimous vote.—*Arkansas Democrat*.

County Societies.

JEFFERSON COUNTY.

(Reported by J. T. Palmer, Secretary.)

At the regular meeting of the Jefferson County Medical Society, March 4, 1919, the following members were present: Dr. Lemon in the chair, Drs. Breathwit, Tankersley, Jordan, Shelton, Jenkins, Woodul, and Palmer.

Dr. Breathwit gave a free and lucid discussion of Phlyctenular Ophthalmia. Dr. Jenkins read a good paper giving his experience in the Medical Corps abroad. Dr. T. J. Cunningham made application for membership and same was referred to Board of Censors. President appointed the following on Board of Censors: T. W. Woodul, chairman; J. F. Crump and A. W. Troupe.

BENTON COUNTY.

(Reported by C. A. Riee, Secretary.)

The Benton County Medical Society met at Hotel Main, Rogers, to hear the Secretary and Treasurer report for 1918 and pay dues for 1919, and to elect officers. Meeting was called to order by Dr. A. J. Harrison, Vice President. Present: Dr. A. J. Harrison, T. M. Riee, W. A. McHenry, Guy Hodges, W. J. Curry, L. O. Green and C. A. Riee. All paid their dues. Officers elected: President, Dr. W. J. Curry, Rogers; Vice President, Dr. T. E. Hodges, Garfield; Secretary-Treasurer, Dr. C. A. Riee, Rogers; Board of Censors for three

years, Dr. E. J. Highfill, Cave Springs; Dr. R. S. Riee, Rogers, was elected last year as Delegate for two years.

Adjourned to meet in Rogers second Tuesday in February.

CRAWFORD COUNTY.

(Reported by S. D. Kirkland, Secretary.)

The Crawford County Medical Society met in Van Buren on February 27, 1919. The following officers were elected for the ensuing year: President, G. Lueas, Van Buren; Vice President, A. C. Galloway, Alma; Secretary, S. D. Kirkland, Van Buren; Treasurer, O. M. Bourland, Van Buren; Delegate to the State Convention, W. L. Parchman, Van Buren; Alternate, O. M. Bourland, Van Buren.

Dr. J. B. Trice read a very interesting paper entitled "The Treatment of Sepsis," which was discussed by Drs. Dibrell, Bourland, Parchman, and Kirkland.

The following members have paid their dues for the year: O. M. Bourland, W. L. Parchman, J. E. Blackmore, G. Lueas, J. B. Trice, M. S. Dibrell, and S. D. Kirkland, Van Buren; W. R. Reves and O. C. Galloway, Alma; James A. Wigley, Mulberry, and Clyde Ramey, Uniontown.

POPE COUNTY.

(Reported by J. R. Linzy, Secretary.)

The Pope County Medical Society met in Russellville February 11, with practically every doctor in Russellville present, but owing to the condition of the roads we did not expect physicians from other towns, and from the country.

Dr. R. M. Drummond was elected as the Delegate to the State Convention and Dr. J. R. Linzy as Alternate. Dr. J. F. Hays of Russellville paid County and State dues, and Drs. R. L. Smith and L. Gardner, county dues. Dr. Cecil Bryan was elected to membership, paid his county and State dues and will locate at Russellville. He was formerly in practice at Vian, Oklahoma.

The hospital at Russellville having recently been destroyed by fire and knowing the need of a local hospital, the doctors started a move to organize a stock company and build an up-to-date hospital here. Practically every doctor in Russellville has subscribed for stock, and many of the citizens here are also taking stock.

The meeting adjourned to meet at Russellville March 18.

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No. 11

LITTLE ROCK, APRIL, 1919

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BOOK REVIEWS

Graves' Gynecology

JUST READY
NEW (2d) EDITION

For this edition Dr. Graves has given his book a thorough revision and brought it completely up to date. New matter has been added to the extent of 115 pages, and 66 additional illustrations included. The illustrations in this work form a feature. There are 491 of them, 100 in colors—microscopic, gross pathologic, and operative technic step by step.

The section on the relationship of gynecology to internal secretions has been rewritten and considerably amplified. Much new matter has been added under ovarian organotherapy and ovarian transplantation, the radium treatment of cancer, radium therapy in non-malignant gynecologic diseases. A new section discusses the relationship of gynecology to the sex impulse, based chiefly on the theories of Freud regarding infant sexuality. A number of new operations are described and illustrated, most of which have not before appeared in text-books. Dr. Graves' work has always been noted for its lucid and forceful text, its broad conception, and the wealth and instructive nature of its illustrations.

Octavo of 885 pages, with 491 illustrations, 100 in colors. By WILLIAM P. GRAVES, M.D., Professor of Gynecology at Harvard Medical School. Cloth, \$7.75 net.

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MEMPHIS, TENN.

THE JOURNAL

OF THE

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PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOL. XV.

LITTLE ROCK, ARK., APRIL, 1919

No. 11

Original Articles.

EXHIBITION OF THE MEDICAL ACTIVITIES OF THE WAR.

Army Medical Museum, Seventh and B Sts.,
S. W., Washington, D. C.

The object of this exhibition is to show the activities of the Medical Department during the War, and to illustrate certain of the developments attained in medicine, surgery, and sanitation during this period.

Exhibit 1.—Proposed medical center at the Walter Reed Hospital, Takoma Park, D. C. It is planned at this center to group all the medical activities of the Government in Washington, now located in separate sections of the city, which will mean the centralization of the Museum, Library and Army Medical School. The exhibit shows the architect's plan and sketches of the medical center; photographs of present quarters, and an oil painting of the Military Hospital at Fort McDowell, California.

Exhibit 2.—X-Ray Units. This exhibit consists of the U. S. Army portable x-ray outfit complete and a bedside x-ray unit. The portable outfit comprises a $\frac{3}{4}$ K. W. Delco gas electric set with special winding supplying an alternating current; an instrument case containing a 50,000 volt transformer, together with Coolidge filament transformer and control; and the Army x-ray table with litter tops, trochoscopes and fluoroscopic screen. The entire outfit can be quickly set up or knocked down for shipment. Having its own power plant, it is independent of electric power lines and can be used in the field where no power is available. Coolidge tubes of the special radiator type are employed and the outfit while operating on rather low power is yet capable of doing most excellent work, both in the making of the so-called x-ray pictures and in fluoroscopic work. A chest of local-

izing instruments is provided comprising six different methods of localizing foreign bodies, bullets, fragments of shell, shrapnel, etc., in the body of the patient so that the surgeon may be informed as to the exact location of the projectile. Provision is also made for guiding the surgeon, if necessary, during the operation itself, to the seat of the foreign body. The bedside x-ray unit is a very portable piece of apparatus which can be moved freely about a hospital, and by means of which it is possible to examine patients without removing them from their beds. Patients with pneumonia, or in other diseases, who are too ill to be moved to the x-ray laboratory proper may thus be successfully examined. Fractures may be fluoroscoped or plated with the patient in bed, and the apparatus for retention in place, by the employment of this small apparatus. These units were used with a high degree of success in the late war. The portable outfit when mounted in a modified army ambulance body forms the U. S. X-ray Camion.

Exhibit 3.—Section on Infectious Diseases and Laboratories. The war has shown as never before the value of science in the prevention of disease. The principles employed are based on statistical and laboratory studies. These, together with certain other investigations, constitute the subject of epidemiology. The exhibit shows the principles and methods adopted by the army in dealing with the infections which in former wars have proved to be formidable allies of the enemy. An explanation of the three elements of the campaign against disease, the defensive, the offensive, and the administrative, occupy about one-half of the exhibit. The other half is taken up largely with graphic representations of the results. The graphs are a special feature of the exhibit, showing in a remarkably clear manner a great many facts which would otherwise be lost in a maze of statistical data—for

example, the gradual reduction in the amount of sickness in the army for the last 23 years is shown by a graceful spiral. The annual recurrence of influenza is represented by a star shaped diagram. How the army conquered typhoid and malaria, and the fight which it has waged against venereal disease are illustrated in a striking manner. The way in which the Surgeon General keeps his finger on the health pulse of the army and detects the first signs of approaching sickness are shown also.

Exhibit 4.—General Surgery. Photographs are shown of the removal from the field of battle and transportation to base hospitals of wounded soldiers in France. Another set of photographs presents views of a typical camp hospital and a Sanitary Corps man with full field equipment on his back. A model is on view showing the base hospital at Camp Sherman, Ohio, which is considered the best type developed. Another model shows a type of hospital used during the Civil War. The buildings comprising a Civil War hospital were grouped in a circle, while in the present model the buildings are grouped in the order of streets. The latter model is considered more sanitary, as it affords more air space and other sanitary features for the patients. In the late war, in hospital construction, special emphasis was laid on sanitary arrangements, light and open air spaces for the wards. Another feature of this exhibit is a case of wax models of mustard gas burns, showing the effects of these burns on the hands and other parts of the body, and depicting the terrible suffering inflicted on our men in France by mustard gas attacks by the Germans. Still another feature of this exhibit is the Carrel-Dakin outfit, which is an open treatment of wounds by constant irrigation, and very successfully employed in the late war. Models in wax will be used to demonstrate the progress of an infected wound with the use of Dakin's solution. Present and Civil War surgical instruments showing the progress made in surgical appliances complete this exhibit. So soon as completed there will be shown reproductions in wax of Maxillo-facial injuries, with the apparatus used in the treatment of each case, supplemented by a model of the completed case.

Exhibit 5.—Orthopedic Surgery. This consists of a series of charts and photographs showing the handling of wounded soldiers in

France and the reconstruction of wounded patients at army hospitals in this country and abroad. Photographs included are of special splints and other appliances used in the treatment of wounded in France. A series of photographs illustrate the use of splints from the time the soldier is wounded on the battlefield until he is healed. In the late war, surgeons with our troops overseas took these splints right into the field of battle and applied them to the wounded where they fell. A feature of this exhibit is the snowshoe trench litter with a figure lying on it, and a standard U. S. Army Litter with a figure showing the method of application of the splints in the trenches. A series of latest models of artificial limbs also forms part of this exhibit. In the late war, the hospital corps men took the litters over the top, carrying two splints with the bandage, wire gauze and a catch to put around the foot and applied the splints to the wounded right in No-Man's land when the soldiers were picked up. This prevented shock and laceration of the nerves and the soft parts by the ends of the fractured bones. Another figure on exhibition illustrates the use of the Balkan frame and splints in the treatment of bad fractures by traction in bed. Photographs and drawings of new types of splints and appliances in the treatment of wounded are also shown.

Exhibit 6.—Reconstruction. The Division of Physical Reconstruction furnishes physical and educational service. The Division aims, through exercises, both passive and active, mental as well as physical, to hasten a man's recovery and enable him to reach more complete restoration. The exhibit aims to show the parts of the service that can be depicted in pictures, or represented by fabricated articles. Naturally much of the best part of the work of the Division cannot be shown unless it were possible to make an exhibit of patients and operations. Very little can be shown of the very important work of the Physio-Therapy Department. This department has skilled operators giving hydro, electro and thermo treatments. Its corps of trained operators massage stiffened joints, shrunken muscles, and give passive exercises which result in restoring the first feeble motions, and later, as voluntary exercises and motion became possible, the education department in the Division of Physical Reconstruction continues the treatment. In examining

the exhibit, the visitor, then, should bear in mind that much valuable service has preceded the work exhibited. After the passive treatment, comes the occupational work in the wards. Much of this is done while the patient is still in bed. The work is supervised by women known as Reconstruction Aides in Occupational Therapy. They come as a blessing to men racked with pain, perhaps tired of the monotony of staring at the ceiling and thinking only of troubles past and troubles to come. They propose something to do. The exhibit shows much of the work done by the men at this stage in their recovery. Some of it appears to the visitor as being unusual work for men and soldiers. It even looks like women's work. Beautiful knitted bags, knotted cord work, tooled leather, are some of the popular lines. Bead necklaces, woven belts and colonial mats appear in this same list. If one follows the progress of a soldier through the exhibit, it is evident, however, the occupation becomes more masculine, more purposeful and more truly vocational. The tooled leather pocketbooks and tobacco pouches lead out into shoe repair, perhaps, and here we find some splendid samples of fine shoe repairing. One pair of shoes in particular, attracts attention. The right one looks almost like a new shoe, but tied up securely to it is its worn left mate, the worn one showing from what lowly condition the right one had been retrieved. Many men have availed themselves of the opportunity to learn cobbling. Up to January 31, 562 had been reported as studying this trade. Probably not far from a thousand have received very effective instruction in cobbling. The toy making will attract the attention of every one. This is found to be a task inspiring the interest and breaking through the lethargy which follows the shock of battle and hospital operations. Toy-making helps the men to take a renewed interest in some purposeful activity. The tin toys are made from all sorts of articles reclaimed from the junk pile. The automobiles, the aeroplanes, the fire engines, are marvels of ingenuity and exactness. If such activity restores a man's finger action, teaches him something of soldering, leads him out into mechanical trades, and, best of all, inspires him with renewed hope and a knowledge that he can come back, it will prove to have been very profitable employment. One case contains some very attractive jewelry pieces. This attractive employment has been the

means of helping many a man to retrain the hand that has lost its cunning, or has been the means of teaching a new hand to acquire dexterity. On the wall are photographs showing the larger shops and groups of men engaged in automobile repair, in carpentry, in machine-shop work, in type-writing and telegraphy. It is estimated that 2,500 men have been given instruction in typewriting, 4,000 men in agriculture, 1,000 in telegraphy, while 4,000 have received curative instruction and exercise in wood-working. A very popular line, of which some fine examples are exhibited, is that of basket-making. This is one of the occupations which seems to lie intermediate between bed occupations and those of the vocational shops. For patients able to get about in the ward, it affords a splendid diversion and fine exercise for masculine fingers. It probably presents some possibility of vocational value, but this is so small that its main value lies in its immediate curative effects. Probably 4,000 men have received instruction in basketry courses. The exhibition contains exhibits of picture-framing, novelty box-making, brush-making, chair-caning, wood-carving, rug-making, hammock-making and modeling. Each has found its own devotees among the instructors and patients, and each has helped to pass the tedious hours in profitable employment. Picture to yourself the result of these articles wrought so laboriously. Back of each is a human life, a personality, restored by happy occupation from discouragement and despondency, to hope and cheerfulness. Starting with anything, however trivial, which interests, the reconstruction service aims to lead a man into more and more purposeful activity, until earnest effort is made to secure real training in civil employment. If these toys, trinkets, pictures and mats shall have awakened a man and pointed to him a way to overcome his disabilities, they will have served a vastly important service. Upon one of the walls is a panel of machine tools, the production of a machine shop. This is an especially fine line of endeavor. Though a man's stay in the hospital may be short, he will still have time to make one or two small machine tools—perhaps a pair of calipers, a clamp or a set of chisels. He has the pleasure of making something for himself which will not only be useful, but a souvenir of his hospital experiences. While making this he gets the needed exercise, he forgets the ever present disabili-

ties, and, at the same time, he receives real training and instruction in a man's occupation. To make even a small tool often requires a knowledge of most of the major operations in a machine shop. 50,000 soldiers have been served by the Division of Physical Reconstruction in Army Hospitals. Hundreds have been taught to read and write, thousands have received instruction in English, in typewriting, in agriculture, in drafting, and in telegraphy. Forty-eight hospitals are now giving this service. Before the work is finished over a hundred thousand men will have been touched by the educational and physical service represented by this pleasing exhibit.

Exhibit 7.—Section of Neuro-psychiatry. The exhibit consists of photographs, charts and graphic presentations outlining briefly the activities of the Section of Neuro-psychiatry in the Medical Department of the Army. A chart of organization shows the relation between the office of the Surgeon General and the camps and hospitals from a neuro-psychiatric standpoint. From the chart may be obtained an idea as to the possible progress of a patient until he is discharged as cured, returned to his home, continued under care as a chronic patient or otherwise disposed of. A plan of a model neuro-physiopathic ward such as has been constructed as a part of army hospitals and photographs of the same from various parts of the United States, together with photographs of therapeutic equipment and facilities for outdoor and indoor occupation, illustrate the high standard of treatment of nervous and mental patients in the Army Hospitals. A map has been prepared showing the location of the army hospitals in which nervous and mental patients are received and treated. On another map the striking tendency of thyroid diseases to occur in certain well-defined localities is illustrated. The attention is especially directed to the chart showing the success with which 100 cases of nerve disease were treated at the front in France, most of these patients being returned to duty in a short time, only one having been sent back to the United States. In connection with this chart, the photograph of a case of so-called "shell-shock" should be studied. The patient, persistently holding his back in an awkward, constrained position for months, was cured in 24 hours after proper treatment was admin-

istered. Another noteworthy chart is the one showing the number of mentally defective found by psychiatrists among the neuro-psychiatric cases reported from different States.

(To be continued in the May issue.)

VINCENT'S ANGINA OF THE PENIS.

REPORT OF A TYPICAL CASE.

By Sterling P. Bond, M. D.,

Professor of Urology, Medical Department
University of Arkansas.

Little Rock.

Male age 50. Family history unimportant. Previous history unimportant. Previous venereal history, G. C. three times, last attack October, 1917.

Denies syphilis. History of intercourse about eight days previous to my seeing him. Saliva used as a lubricant. Three days later there developed on his foreskin at the mucocutaneous junction an ulcer which rapidly spread with the formation of two more ulcers on the foreskin. There was marked oedema, the ulcers had a grayish, sloughing bottom, ragged, irregular, undercut edges, with a foul discharge. No glandular enlargement.

Laboratory findings by Dr. M. King: Wassermann negative, G. C. negative, B. Dugray Fusiform B and Vibrio present.

A smear from the exudate of this lesion stained with Gram's stain, showed three very characteristic organisms. There were spindle-shaped rods with tapering ends, along with bacilli which stained somewhat irregularly, appearing in some instances to be divided in the center, thus forming two individuals with their blunt ends approximated. Slender spirilla 10 to 12 microns in length, with pointed ends and with 3 or 4 turns were associated with a few larger spirilla with less well defined undulation. The Fusiform Bacillus and the thread-like spirilla resembles the organisms found in the so-called Angina Stomatitis of Vincent, while the larger spirilla were characteristic of the forms designated by Flugge as *Vibrio*.

Ulcers were treated with hydrogen peroxide and turpentine, twice touched with iodine with marked improvement. The organisms found here are identical with those of Vincent's Angina of the throat. They are also found about carious teeth and when transmit-

ted to the mucous membrane of the penis, which has been irritated by a long foreskin which retains secretions and devitalizes the tissues, we have an identical condition with the stomatitis in the mouth.

These indirect methods of infection, as mentioned above are evidently used for purposes of lubrication for intercourse and masturbation, as I have been told by several patients.

Vincent's Angina is also transmitted by coitus buccalis.

I wish to thank Dr. M. King for her hearty co-operation.

Thromboplastin Solution (Armour) is a specific hemostatic and acts promptly.

Thromboplastin (Armour) is made from the fresh brain of kosher killed cattle. There is a certain amount of that blood clotting thing in an animal's brain and this is not used up when the animal's throat is cut. It is used up when an animal is killed with a hammer. In the Armour Laboratory kosher killed cattle brain is used in making Thromboplastin. That's why Thromboplastin (Armour) works promptly.

BONUS FOR DISCHARGED SERVICE MEN AND NURSES.

The Red Cross is trying to spread the information regarding the provisions of the new Revenue Bill for a \$60 bonus to be paid to all soldiers and nurses discharged since April 1, 1917.

As many soldiers were discharged prior to the passage of the bill, the War Department is anxious that information regarding the bonus should be disseminated as widely as possible. Those who are discharged hereafter will receive this bonus on the same roll or voucher upon which they are paid their final pay.

Employers, editors and all persons in a position to give this information are asked to co-operate with the War Department in reaching all discharged men and nurses. Red Cross chapters, branches and auxiliaries are requested to post notices in prominent places.

Book Reviews.

(Continued from page 235.)

PATHOLOGICAL TECHNIQUE.—A practical Manual for workers in Pathologic History and Bacteriology. Including directions for the performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By F. B. Mallory, M. D., Associate Professor of Pathology, Harvard Medical School; and J. B. Wright, M. D., Pathologist to the Massachusetts General Hospital. Seventh edition, revised and enlarged. Octavo of 555 pages with 181 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Price Cloth \$3.75.

This splendid work is designed especially for practical use in pathological laboratories, both as a guide to beginners and as a source of reference for the advanced.

The contents are as follows: Histological methods: Culture Media; Culture Methods; Methods of Staining Bacteria; Pathogenic Bacteria and Fungi; Animal Parasites; Clinical Pathology; Post-mortem Examination and an Addenda, which includes methods of preparing the bacterial vaccines of Sir A. E. Wright, etc.

SURGICAL TREATMENT.—A Practical Treatise on the Therapy of Surgical Diseases for the use of Practitioners and Students of Surgery. By James Peter Warbasse, M. D., formerly Attending Surgeon to the Methodist Episcopal Hospital, Brooklyn, New York. In three large octavo volumes, and separate Desk Index Volume. Volume III contains 861 pages with 864 illustrations. Published by W. B. Saunders Company, Philadelphia. Price per set (three volumes and the Index Volume) Cloth \$30.00.

This volume completes the set of three which represent a very practical monograph on the therapy of surgical diseases. With this book comes a complete index to Vol. I, II, and III.

Volume III considers the following subjects: Hernia; Rectum and Anus; Vermiform Appendix; Liver and Gall-Bladder; Genito-Urinary Organs; the Upper Extremity; the Pelvis; the Lower Extremity; Amputations; Plastic and Cosmetic Surgery; the Newborn; Electricity and Radiation; Injuries from Electric Currents; Gas Poisoning; First Aid; Bandaging and the Economics of Surgical Treatment.

In closing Dr. Warbasse says: "The reorganization of society in which the surgeon must participate is now in progress." Keeping people well and restoring them to efficiency is the supreme function of the medical profession. Society is going to demand that our art be employed to that end alone. That is to be our free and untrammelled work; and it will be for this that the world will bestow its rewards.

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OF THE

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DR. WILLIAM R. BATHURST, EDITOR
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The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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E. F. ELLIS, <i>President</i>	Fayetteville
P. H. PHILLIPS, <i>First Vice President</i>	Ashdown
H. H. RIGHTOR, <i>Second Vice President</i>	Helena
R. Y. PHILLIPS, <i>Third Vice President</i>	Malvern
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COUNCILORS

First District—THAD COTIHREN.....	Jonesboro
Second District—O. J. T. JOHNSON.....	Batesville
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Sixth District—DON SMITH.....	Hope
Seventh District—J. E. JONES.....	Sheridan
Eighth District—ROBERT CALDWELL.....	Little Rock
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—W. H. MOCK.....	Prairie Grove

COMMITTEES

SCIENTIFIC PROGRAM—A. L. Carmichael, Chairman, Little Rock; Robert Caldwell, Little Rock; R. L. Saxon, Little Rock; C. P. Meriwether (ex officio), Little Rock.

MEDICAL LEGISLATION—W. F. Smith, Chairman, Little Rock; J. P. Runyan, Little Rock; Earle H. Hunt, Clarksville.

BOARD OF VISITORS TO THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF ARKANSAS—F. T. Isbell, Chairman, Horatio; C. S. Pettus, Little Rock; M. L. Norwood, Lockesburg.

NECROLOGY—R. H. T. Mann, Chairman, Texarkana; Charles H. Cargile, Bentonville; A. G. Henderson, Imboden.

FOOTBALL AND PUBLIC INSTRUCTION—C. W. Garrison, Chairman, Little Rock; C. S. Rice, Rogers; J. M. Jelks, Searcy.

SANITATION AND PUBLIC HYGIENE—H. D. Wood, Chairman, Fayetteville; F. T. Murphy, Brinkley; T. J. Wood, Evening Shade.

CANCER RESEARCH—St. Cloud Cooper, Chairman, Fort Smith; T. F. Kittrell, Texarkana; Fred Bolton, Eureka Springs.

FIRST AID—E. E. Barlow, Chairman, Dermott; J. B. Roe, Newark; J. E. Sparks, Crossett.

INFANT WELFARE—H. H. Niehuss, Chairman, El Dorado; F. E. Mahoney, El Dorado; Morgan Smith, Little Rock; O. E. Jones, Newport; A. T. Lowe, Pine Bluff.

HISTORY OF ARKANSAS MEDICAL SOCIETY—L. P. Gibson, Little Rock; William R. Bathurst, Little Rock; C. P. Meriwether, Little Rock.

MEDICAL EXPERT TESTIMONY—L. P. Gibson, Chairman, Little Rock; St. Cloud Cooper, Fort Smith; G. S. Brown, Conway.

PREVENTION OF TYPHOID FEVER AND MALARIA—C. W. Garrison, Chairman, Little Rock; M. L. Norwood, Lockesburg; A. H. Deaderick, Hot Springs; H. Thibault, Scott; O. L. Williamson, Marianna.

WORKMEN'S COMPENSATION AND SOCIAL INSURANCE—William Breathwit, Chairman, Pine Bluff; W. T. Wootton, Hot Springs; H. H. Rightor, Helena; L. Kirby, Harrison.

HOSPITALS—J. D. Southard, Chairman, Fort Smith; R. F. Darnall, Little Rock; M. V. Laws, Hot Springs.

Editorials.

OUR ANNUAL MEETING.

The Forty-third Annual Meeting of the Arkansas Medical Society will convene in Little Rock at the Old State House, on May 20, and will continue until May 22.

There seems to be every assurance of a largely attended and successful meeting—the best probably that has ever been held. The interest exhibited by the members evidenced by the numbers of papers proffered, the Scientific Program having been completed for the past week or more.

There are many special reasons why this meeting should prove attractive and bring to it every member who can by any possibility come, even from the most remote corners of the State.

There are the new laboratories and clinical buildings of the Medical School of the University of Arkansas, and certainly former graduates will be especially pleased to visit them and see the progress being made and indeed it has been making rapid strides.

There is the great encampment at Camp Pike, easy of access, a sight well worth seeing of itself, and there is the large Base Hospital at the Camp and another at Fort Roots to be visited. There are many overseas patients and convalescents there and valuable and interesting information, it would appear will be available.

In attendance at the meeting will be members who have been in the service, some in overseas hospitals; others in the encampments and training schools in the United States. They will have interesting experiences to relate.

There will be an unusually large and complete Commercial Exhibit, unique, interesting and instructive. Here, inside of an hour's time, or less, the visiting physician or surgeon can examine what would otherwise entail many visits to instrument and book houses.

Thanks to the United States, State and Local Health departments the whole Camp Pike Zone, including Little Rock, is in an ideal sanitary and healthful condition. There is ample hotel accommodation, a meeting place convenient to all down town hotels and the Entertainment Committee promises an attractive program.

The Committee on Arrangements is headed by Dr. Robert Caldwell and this is assurance that no detail will be overlooked.

On the night preceding the first session, Monday, May 19, at 8:00 p. m., at the Old State House, there will be a meeting of the Pulaski County Medical Society to which all members of the State Society are invited, the feature of which will be a paper by Dr. Barney Brooks on "The Surgical Treatment of Osteomyelitis," and a paper by Dr. G. Canby Robinson on "The Use of the Electrocardiogram in the Study of Heart Disease." Dr. Brooks and Dr. Robinson are with the Medical Department of the Washington University of St. Louis.

The Committee on Program reports in full in this issue. Special attention is called to three papers, one by Dr. J. D. Southard of Fort Smith, on "The Control of Tuberculosis as a Problem for the United States Government," one by Dr. R. F. Darnall of Little Rock on "Psychoses Dependent Upon Organic Changes," and the other by Dr. Henry Thibault, of Scott, on "Some Factors in the Spread of Malaria." Special attention is called to these subjects because of their vast importance and it should be to the interest of every member to attend the session at which they will be read. The whole scientific program however is excellent, the best qualified men in the profession having been drawn upon to make the program interesting, instructive and in every way valuable.

TO PREVENT ADHESIONS.

The Journal takes this opportunity to congratulate Dr. J. W. McDonald of the United States Public Health Service, who is co-operating with the State Board of Health in Venereal Disease Control work. He is the originator of the idea of using amniotic liquor or a synthetic or artificial fluid of the consistency of amniotic liquor, for the purpose of preventing adhesions, after abdominal operations, and also in joint and nerve sheaths. He reports having done some successful operations on dogs two years ago.

The idea advanced by him is that the liquor acts mechanically and chemically by the solvent and digestive actions of the urea and pancreatin which it contains, and mechanically by holding the tissues apart.

Nothing definite has yet been determined and the idea is yet in the early experimental

state, Dr. McDonald having submitted it to the Hygienic Laboratory on January 10, 1919.

Editorial Clippings.

HOSPITAL STANDARDIZATION.

The first and most important function of a hospital is to care for the sick and the injured. Many hospitals, however, are engaged in the training of interns and nurses; some are closely related to medical education and some, through research, are adding largely to the world's knowledge in regard to the etiology, diagnosis and treatment of diseases. In recent years also many hospitals have taken on an additional function by having social service workers follow up the patients after they leave the hospital. Where formerly they were merely institutions to care for the sick persons who could not be cared for at their homes, hospitals have now become social institutions, with broadened functions and having a much more intimate relationship with the public in the communities which they serve. In recent years this relationship has increased the general interest in hospitals as public institutions and has pointed to the necessity and importance of their being investigated and regulated—which means standardized. In this connection, the article on hospital standardization by the President of the American Hospital Association, will be of particular interest.* In this paper Dr. Warner emphasizes the many and varied interests now centering in the hospital and the equally varied and numerous functions being performed by them. In any efforts toward standardization, therefore, all these interests and functions must be given careful consideration. Not the least factor in the conduct and efficiency of the hospital is the administration, and in this respect hospitals are not unlike hotels with their complex problems of management. In the standardization of hospitals also, the further improvement of both undergraduate and graduate medical education, as well as the function of training interns, and of course nurses also, must be kept in view. The number of hospitals, however, is increasing so rapidly that it will be impossible to supply more than a portion with interns. This brings to the hospital the additional function of training expert

*Warner, A. R.; Hospital Standardization, abstract, in this issue.

technicians and hospital assistants who can perform many of the duties now devolving on interns. The task of standardizing hospitals is a large one, and the many interests involved must work together to establish that standard which will make it possible for these institutions to render the greatest service to the people in the communities in which they are located.—*Jour. A. M. A.*, March 29, 1919.

Abstracts.

HOSPITAL STANDARDIZATION.

A. R. Warner, Cleveland (*Journal A. M. A.*, March 29, 1919), uses the word "standardization" in reference to hospitals as implying the changes required to be made in order that the institutions may give the best service to the public. Hospitals are no longer, as once they were, mere, institutions for the sick. Their activities have multiplied. It is not long since they assumed the responsibility of educating and training nurses, and they are at present becoming active in the development of what is called social service, and are beginning to consider patients from other than a purely medical standpoint. A demand has developed for their co-operation in caring for and re-educating patients for normal life, and for training various types of technical workers, and courses for this purpose have been started in many hospitals. The present diagnostic treatment and educational function of dispensaries are late developments. Besides out-patient treatment of the worthy poor, even pay clinics have been developed, extending the service to persons of small income. The present policy of the Government in regard to venereal disease would necessarily add a new chapter in developing dispensary work. The standardization of a hospital is the standardization, development and balancing of all these activities. Certain limited groups of physicians have become deeply interested in these matters, but one measure cannot be applied to all. These various groups should be correlated, harmonized and utilized to the advancement of hospitals and their work. In the ordinary sense of the word, an independent foundation or commission could undertake it, but the progress is too rapid and the problem too great to permit this. At present the American Hospital Association is undergoing a transition, and is coming to resemble the national associations of various trades and industries.

When this has been fully brought about there will be an organization which can, at least theoretically, put into effect various needed reforms. Medical education is also involved, and must be standardized with the rest of the hospital functions. The modern hospital has direct responsibilities in the education of the undergraduate medical students. Warner discusses the use of the clinical material, which the hospitals alone can furnish, and the method with which it is beginning to be utilized. It is his opinion from observation that it is wrong for four year medical graduates to go directly into special services, and the program of a fifth year will improve matters. Every hospital has the opportunity of giving graduate medical instruction to a certain extent, and its responsibility to society is not properly discharged till it does its best to advance the professional attainments of its staff. Another obligation is that of training postgraduate medical students as interns. The justification of this is in the better care of the sick, but it is too often considered as a cheap method to get routine hospital work done, on the one hand, and, on the other, as a benefit to the individual intern. The medical school should assume some responsibility in guiding its graduates in the selection of internships, in order to insure their best personal development. The number of hospitals is multiplying, while the number of medical graduates is decreasing, and Warner thinks it doubtful if the medical schools will ever again be able to furnish interns for all or even a large proportion of the hospitals, and the tendency will be for the interns to seek the best institutions. The suggestion is made that there be developed a specially trained nurse, who, knowing something of anesthetics and laboratory work, can take over intern work in smaller nonteaching hospitals. This would help standardization of internships for the better hospitals, assist possibly in the demarkation and open a new field for nurses. Warner hints that in smaller hospitals without well organized visiting staffs one might prefer to hand over his patient to such a nurse rather than to an untrained intern. In conclusion he says what he thinks the final outcome of the matter will be; namely, the first year after graduation will be spent in a general or rotating clinical hospital service, and the the number of hospitals capable of furnishing this will undoubtedly exceed the number of medical graduates.

After this, there should be, in a certain number of hospitals, an opportunity for specialization, and a chance for the student to spend from one to five years additional in special training in general medicine or surgery or any of the specialties. Only a limited number of hospitals can carry on this work, but there will be many more than are now engaged in it. If this is recognized by hospital trustees, the assuming of the obligation to develop future specialists is assured. It may be necessary that at least the latter years of this training be based on fellowships that provide living expenses, but that will be unquestionably a wise investment for philanthropists.

Personals and News Items.

Dr. S. D. Kirkland of Van Buren is attending the clinics in Chicago and Rochester.

Dr. John A. Fordyce of New York City visited in Little Rock and Hot Springs this month.

It is with deep regret that we announce the death of Dr. Abner H. Cook of Hot Springs, from pneumonia, March 19, 1919.

The American Public Health Association will hold its next annual meeting in New Orleans, October 6-9, 1919.

Dr. L. H. Callen of Huntsville has returned from New Orleans, where he attended the medical and surgical clinics.

Capt. A. E. Mozengo, M. C., U. S. A., Camp Pike Base Hospital, recently gave an instructive illustrated lecture to the physicians of Little Rock on the closed treatment of empyema following pneumonia.

The Fiftieth Annual Meeting of the American Medical Editors' Association will be held at the Marlborough-Blenheim Hotel, Atlantic City, June 9 and 10 and will take the form of a semi-centennial celebration and a Victory Meeting, emphasizing the part which this Association and its members have taken in the world's war. A most attractive program is now being prepared and every physician, even remotely interested in medical journalism, will find it to his advantage to attend.

The Abbott Laboratories announce that they are ready to meet all demand for Barbitol (formerly known as Veronal). There is considerable cause for gratification in the fact

that a firm so distinctly American as The Abbott Laboratories has shown its equality with the best that Germany could produce. It is up to us also to encourage and support the products of such unquestionably American houses that there will never again be danger of foreign domination of the American chemical industry.

In addition to those mentioned last month the following Arkansas physicians have recently received their honorable discharge, Medical Corps, U. S. Army, and have resumed their practice in their respective homes:

G. C. Coffey, J. S. Wilkins, A. C. Prichard, A. H. Tribble and H. K. Wade, Hot Springs; L. M. Lile and W. H. Moreland, Jonesboro; J. R. Dale, Jr., and W. K. Read, Texarkana; C. G. Hinkle, Batesville; W. H. DeClark, McGhee; I. W. Ellis, Monette; O. A. Jamison, Tuckerman; R. Martin, Warren; J. F. Halbrook, Center Ridge; C. W. McLain, Gurdon; A. W. Cox, Helena; G. E. Paullus, Marked Tree; J. S. Davidson, Marvell; W. O. Parrish, Reector; W. L. Kitchens, Stamps; G. M. Watkins, Walnut Ridge; E. B. Brown, Cotton Plant; R. L. Hopkins, DeQueen; R. L. Fraser, McCrory; A. G. Harrison, Searcy; S. G. Boyce, D. Gann, Jr., J. R. Wayne, Jr., and A. W. Strauss, Little Rock.

Characterizing the work of the Volunteer Medical Service Corps and the Medical Section of the Council of National Defense as "a very striking demonstration of the American spirit," Dr. Edward P. Davis, President of the Corps, paid tribute to the patriotism of American civilian doctors at the final meeting of the Central Governing Board of the Corps held in Washington March 14 last, prior to the termination of its wartime activities April 1.

A report submitted at the meeting showed that nearly 70,000 applications have been received from physicians for membership in the Corps, of which 56,540 had been received and coded prior to the signing of the armistice, November 11, 1918. Qualifications of these civilian doctors, classified and coded on cards, will be placed in the library of the Surgeon General of the Army, where they will be accessible to all Governmental departments for all time to come. With the approximately 40,000 medical officers additional, who are in the Army, Navy, and Public Health Service.

practically all the able-bodied, eligible doctors of the country will be listed, available for the nation's needs. Usually there are said to be about 150,000 physicians in the United States, but this total includes a large proportion of superannuated, disabled, or ineligible.

Dr. Franklin Martin, chairman of the General Medical Board of the Council of National Defense, expressed his warm appreciation of the co-operation he has received from the medical profession of the country and his firm belief in the value of the records of the Volunteer Medical Service Corps.

U. S. FEDERAL TRADE COMMISSION DISMISSES COMPLAINT FILED AGAINST VICTOR ELECTRIC COR- PORATION LAST JUNE.

At a regular session of the United States Federal Trade Commission held in Washington, D. C., March, 10, 1919, the complaint against the Victor Electric Corporation was ordered dismissed and discontinued. We congratulate the officers and members of the Victor organization on this vindication.

The personnel of the Victor organization is largely made up of pioneer workers in the X-ray and physical therapy field and we have always believed that these men, (who are directing the policies of the Victor Electric Corporation), have been actuated by a desire to elevate rather than to lower the standard of business ethics in their field.

The Victor Corporation is to be congratulated upon having had this opportunity of having the Government searchlight turned upon its activities, and the clean bill of health which the Corporation has received should be an inspiration to its officers to continue to be guided by those ideals which should be kept in constant view by all who are engaged in an industry so closely allied to medical science.

HEALTH NEWS.

Issued by the U. S. Public Health Service.

The United States Public Health Service estimates that over seven million people in the United States are infected with malaria.

Time to get after that early brood of flies, says the United States Public Health Service. Better to prevent the breeding of hun-

dreds of flies now than to swat and trap millions of them in mid-summer.

Estimates prepared by the United States Public Health Service indicate in the South the ravages of typhoid fever, tuberculosis, hookworm, and pellagra, all together are not as serious as those caused by malaria.

Still relying on the Patent Medicine Almanac? Better discard it and get the new one issued by the United States Public Health Service, Washington, D. C. Sent free on request.

"Public Health is purchasable," says the United States Public Health Service, and adds that a first-class health protection service can be provided for one dollar per head per year. In fact some city health departments render excellent service at a cost of seventy-five cents per head. Let's all get together and give better support to health work in this community.

Uncle Sam will provide sanatorium and hospital care for all the boys discharged from army or naval service, so far as their sickness or disability was contracted in the service of their country. The United States Public Health Service has already undertaken this stupendous task and is busily engaged in enlarging its hospital facilities all over the country. One of the sanatoria will be located at Dawson Springs, a famous health resort in Kentucky; the location of the others has not been determined.

The United States Public Health Service submits the following list our "our animal friends" and wonders what we propose doing about it:

Anopheles mosquitoes, which carry malaria.

Aedes mosquitoes, which carry yellow fever.

Lice (with military training), which carry trench fever.

Lice (with or without military training), which carry typhus fever.

Flies, which carry typhoid fever, dysentery and other diseases.

Fleas, which carry bubonic plague.

Tsetse flies, which carry African sleeping sickness.

Hookworm, which is very much attached to man.

Provisional Program

FORTY-THIRD ANNUAL SESSION OF THE ARKANSAS MEDICAL SOCIETY LITTLE ROCK, MAY 20, 21, 22, 1919

OFFICERS

President—E. F. Ellis, Fayetteville.
First Vice President—P. H. Phillips, Ashdown.
Second Vice President—H. H. Rightor, Helena.
Third Vice President—R. Y. Phillips, Malvern.
Secretary—C. P. Meriwether, Little Rock.
Treasurer—W. R. Bathurst, Little Rock.

Councilors and Councilor Districts.

First Councilor District—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph Counties. Councilor, B. F. Walker, Jonesboro. Term of office expires, 1919.

Second Councilor District—Cleburne, Fulton, Independence, Izard, Jackson, Sharp and White Counties. Councilor, O. J. T. Johnston, Batesville. Term of office expires 1920.

Third Councilor District—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis, and Woodruff Counties. Councilor, H. H. Rightor, Helena. Term of office expires, 1919.

Fourth Councilor District—Ashley, Bradley, Chicot, Jefferson, and Lincoln Counties. Councilor, J. M. Lemons, Pine Bluff. Term of office expires, 1920.

Fifth Councilor District—Calhoun, Columbia, Dallas, Lafayette, Ouachita and Union Counties. Councilor, L. L. Purifoy, El Dorado. Term of office expires, 1919.

Sixth Councilor District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk, and Sevier Counties. Councilor, Don Smith, Hope. Term of office expires 1920.

Seventh Councilor District—Clark, Garland, Hot Spring, Montgomery, Saline, Scott, and Grant Counties. Councilor, J. E. Jones, Sheridan. Term of office expires 1919.

Eighth Councilor District—Conway, Johnson, Faulkner, Perry, Pulaski, Yell, and Pope Counties. Councilor, Robert Caldwell, Little Rock. Term of office expires 1920.

Ninth Councilor District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren Counties. Councilor, Leonidas Kirby, Harrison. Term of office expires 1919.

Tenth Councilor District—Benton, Crawford, Franklin, Logan, Sebastian, Madison, and Washington Counties. Councilor, W. H. Mock, Prairie Grove. Term of office expires 1920.

Delegates to American Medical Association.

C. P. Meriwether, Little Rock. Term expires 1920.
W. T. Wootton, Hot Springs. Term expires 1919.

COMMITTEES

Scientific Program.

A. L. Carmichael, Little Rock, Chairman.
Robert Caldwell, Little Rock.
R. L. Saxon, Little Rock.
C. P. Meriwether, Little Rock (ex-officio).

Medical Legislation.

W. F. Smith, Little Rock, Chairman.
Earle H. Hunt, Clarksville.
J. P. Runyan, Little Rock.
Board of Visitors to the Medical Department of the

University of Arkansas.

F. T. Isbell, Horatio, Chairman.
C. S. Pettus, Little Rock.
M. L. Norwood, Lockesburg.

Necrology.

R. H. T. Mann, Texarkana, Chairman.
Charles H. Cargile, Bentonville.
A. G. Henderson, Imboden.

Health and Public Instruction.

C. W. Garrison, Little Rock, Chairman.
C. S. Rice, Rogers.
J. M. Jelks, Searcy.

Sanitation and Public Hygiene.

H. D. Wood, Fayetteville, Chairman.
F. T. Murphy, Brinkley.
J. C. Wallis, Arkadelphia (deceased).

Cancer Research.

St. Cloud Cooper, Fort Smith, Chairman.
F. T. Kittrell, Texarkana.
Fred Bolton, Eureka Springs.

First Aid.

E. E. Barlow, Dermott, Chairman.
J. B. Roe, Newark.
J. E. Sparks, Crossett.

Infant Welfare.

H. H. Neihuss, El Dorado, Chairman.
F. E. Mahoney, El Dorado.
Morgan Smith, Little Rock.
O. E. Jones, Newport.
W. T. Lowe, Pine Bluff.

History of Arkansas Medical Society.

L. P. Gibson, Little Rock, Chairman.
William R. Bathurst, Little Rock.
C. P. Meriwether, Little Rock.

Medical Expert Testimony.

L. P. Gibson, Little Rock, Chairman.
St. Cloud Cooper, Fort Smith.
G. S. Brown, Conway.

Prevention of Typhoid Fever and Malaria.

C. W. Garrison, Little Rock, Chairman.
M. L. Norwood, Lockesburg.
A. H. Deaderick, Hot Springs.
H. Thibault, Scott.
O. L. Williamson, Marianua.

Workmen's Compensation and Social Insurance.

William Breathwit, Pine Bluff, Chairman.
W. T. Wootton, Hot Springs.
H. H. Rightor, Helena.
L. Kirby, Harrison.

Hospitals.

J. D. Southard, Fort Smith, Chairman.
R. F. Darnall, Little Rock.
M. V. Laws, Hot Springs.

Entertainment Committee.

Robert Caldwell, Little Rock, Chairman.
J. P. Runyan, Little Rock.
M. E. McCaskill, Little Rock.

ANNOUNCEMENTS

The House of Delegates, the Scientific Sessions, and the Registration Booth, will be in the Old State House.

ENTERTAINMENTS

Will be announced by the Chairman of the Entertainment Committee at each session.

NOTICE

All papers read at this meeting are the property of the Arkansas Medical Society, and, as soon as read, should be handed to the Secretary.

COMMERCIAL EXHIBIT

Promises to be high grade, and will be in the hallways of the Old State Capitol.

HOUSE OF DELEGATES.

The House of Delegates will be called to order, Tuesday, May 20, 1919, at 9:00 a. m., in the Senate Chamber of the Old State House, by the President, E. F. Ellis.

Invocation—Rev. Hay Watson Smith, pastor Second Presbyterian Church, Little Rock.

Address of Welcome to the House of Delegates—By a representative of the Pulaski County Medical Society.

Appointment of Credentials Committee and their report.

Roll Call.

Reading of minutes.

Appointment of Reference Committees.

President's Address to House of Delegates.

Reports of committees.

Report of the Chairman of Council, J. M. Lemons, Pine Bluff.

Report of Delegates to the American Medical Association.

Secretary's report.

Treasurer's report.

Reading of communications.

Memorials and resolutions.

Selection of the Nominating Committee.

Selection for the State Board of Medical Examiners.

Miscellaneous business.

Adjournment subject to the call of the President.

GENERAL SESSION

TUESDAY, MAY 20, 1919.

Senate Chamber, Old Statehouse.

2:00 p. m.

Called to order by E. F. Ellis, President.

Invocation—Rev. James Thomas, Presiding Elder M. E. Church, South, Little Rock.

Address of Welcome—Hon. Ben D. Brickhouse, Mayor of Little Rock.

Address of Welcome—By C. E. Witt, President, Pulaski County Medical Society.

Response to the Address of Welcome on behalf of the Arkansas Medical Society—J. H. Kennerly, Batesville.

President's Address—E. F. Ellis, Fayetteville.

SCIENTIFIC SESSION

(The scientific session will begin immediately after the adjournment of the general session.)

During the discussion of papers, speakers will please step near the President's desk, so that the audience and the stenographer may plainly hear their remarks.)

"Public Health Topics"—C. W. Garrison, Little Rock.

"The Practitioner's Position in Public Health"—J. B. Roe, Newark.

"The Control of Tuberculosis as a Problem for the United States Government"—J. D. Southard, Fort Smith.

"Malaria Control"—H. A. Taylor, Lake Village.

"Venereal Diseases as an Economic Problem"—J. T. Clegg, Siloam Springs.

WEDNESDAY, MAY 21, 1919, 9:00 A. M.

"Clinical Lessons from 342 Cases of Influenza and 48 Cases of Pneumonia"—George S. Brown, Conway.

"Personal Experience in Epidemic Influenza"—H. N. Street, Lonoke.

"Spanish Influenza"—S. J. McGraw, El Dorado.

"The Sequelae of Influenza"—L. E. Willis, Newport.

"Ileo-Colitis"—J. W. Melton, Benton.

"Some Original Observations of Pellagra"—D. A. Pelton, Forrest City.

"Goitre"—C. F. Perkins, Rogers.

WEDNESDAY, MAY 21, 1919, 2:00 P. M.

"The Various Methods of Treating Fractures"—Charles E. Benefield, Conway.

"Treatment of Fractures"—R. Y. Phillips, Malvern.

"Treatment of Fractures" (with lantern slide demonstrations)—W. F. Smith, Little Rock.

Title to be announced—W. R. Brooksher, Fort Smith.

"The Presentation of a Lady who can Voluntarily Accelerate Her Pulse Rate"—Charles H. Cargile, Bentonville.

Title to be announced—R. C. Dorr, Batesville.

"Report of a Case of Colopexy"—E. L. Beek, Texarkana.

"A Review of Diagnostic Methods"—W. M. McRae, Little Rock.

THURSDAY, MAY 22, 1919, 9:00 A. M.

"Some Factors in the Spread of Malaria"—H. Thibault, Scott.

"Psychoses Dependent Upon Organic Changes"—R. F. Darnall, Little Rock.

"Report of a Case of Meningitis"—W. N. Freymeyer, Little Rock.

"The Treatment of Syphilis"—S. P. Bond, Little Rock.

Title to be announced—T. J. Stout, Brinkley.

"Have We as Physicians Lost Sight of the Pure Food and Drug Act?"—J. P. Lunt, Leonard.

"Surgical Treatment of Prolapse of the Uterus"—H. H. Kirby, Little Rock.

Title to be announced—H. H. Rightor, Helena.

"Preventive Medicine"—J. R. Linzy, Russellville.

THURSDAY, MAY 22, 1919, 2:00 P. M.

"Amputation in Fresh War Wounds from the Views of a French Surgeon"—L. J. Kosminsky, Texarkana.

"Some New Surgical Appliances"—H. D. Wood, Fayetteville.

"Case of Pylorospasm"—H. H. Niehuss, El Dorado.

"Pathological Menstruation"—R. L. Saxon, Little Rock.

"Treatment of Dysmenorrhea"—Olive Wilson, Little Rock.

"Chronic Purulent Otitis Media and Its Treatment"—N. E. Frazer, Pangburn.

"Focal Infection and Its Relation to Some Pathologic Conditions of the Organs of Special Sense"—L. H. Lanier, Texarkana.

"Focal Infection Relative to Nose and Throat"—W. T. McCurry, Little Rock.

Title to be announced—A. W. Hale, Nashville.

County Societies.

CRAWFORD COUNTY.

(Reported by S. D. Kirkland, Secretary.)

The Crawford County Medical Society met in regular session in the K. P. Hall, Van Buren, February 27, President Dr. Lucas in the chair. Members present: W. L. Parehman, O. M. Bourland, M. S. Dibrell, J. E. Blakemore and S. D. Kirkland, Van Buren; W. R. Reves, Alma, and J. A. Wigley, Mulberry. Dr. T. M. Mitchell of Mountainburg was elected to membership.

Clinical cases were reported by Drs. Parehman, Wigley and Blakemore, eliciting a general discussion.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Secretary.)

Walnut Ridge, March 22.—The Lawrence County Medical Society held an informal meeting March 5. Present: H. R. McCarroll, T. C. Neece, G. M. Watkins, Walnut Ridge; A. G. Henderson, Imboden; J. W. Morris, G. A. Warren, Black Rock; T. C. Guthrie, Smithville; W. J. Robinson, Portia; J. H. Stidham, Hoxie.

Owing to the short notice given of the meeting there were no regular papers prepared, but the time was very profitably spent in talking over various experiences in the recent epidemic of influenza.

Dr. A. G. Henderson presented a young man who had seen active service in France, in which he was gassed and who was still suffering from its effects.

The members of this society hope to get together regularly from now on and discuss such diseases as are most prevalent in this

section and thereby do all in their power to keep abreast of the times.

Officers for the ensuing year as follows: President, W. J. Robinson; Vice President, J. W. Morris; Secretary, H. R. McCarroll; Delegate to the State Society, N. W. Hatcher; Alternate, J. C. Swindle.

Book Reviews.

A MANUAL OF DISEASES OF THE NOSE, THROAT, AND EAR.—By E. B. Gleason, M. D., Professor of Otology in the Medico-Chirurgical College Graduate School, University of Pennsylvania. Fourth edition, thoroughly revised. 12mo of 616 pages, 212 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth \$3.00 net.

In bringing this new edition up to date Dr. Gleason has made a few changes and added much new material. The same care is shown as in former editions in giving the details of examination, diagnosis, the use of instruments and technique of operating on diseases of the nose, throat and ear.

THE SURGICAL CLINICS OF CHICAGO.—December, 1918. Volume II, Number 6, with 63 illustrations. Index Number. Published by W. B. Saunders Company, Philadelphia. Price per year, \$10.00.

Among the interesting clinics in this number we wish to make note of Dr. Charles Morgan McKenna's presentation of three genito-urinary cases. Case I.—Demonstration of a case of ureteral calculus previously operated. Case II.—Varicocele—method of operation—after-care. Case III.—Stone in bladder complicated by a colon bacillus infection; history of case; technique of removal—advantages of a suprapubic cystotomy over a stone-crushing operation; treatment of bladder infections; closure of wound—necessity of careful closure in bladder operations.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries and improvement in the medical and surgical sciences. Edited by H. A. Hare, M. D., assisted by L. F. Appleman, Philadelphia. December, 1918. Volume XXI, No. 4. Published by Lea & Febiger, Philadelphia. Price \$6.00 per annum.

The contents of Volume IV are as follows: Diseases of the Digestive Tract and Allied Organs. The Liver, Pancreas and Peritoneum, by Martin E. Rehfuss, M. D.; Diseases of the Kidneys, by Henry A. Christian M. D.; Genito-Urinary Diseases, by Charles W. Bonney, M. D.; Surgery of the Extremities, Shock, Anesthesia, Infections, Fractures and Dislocations, and Tumors, by Joseph C. Bloodgood, M. D.; Practical Therapeutic Referendum, by H. R. M. Landis, M. D.

(Continued on page 227.)

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LITTLE ROCK, MAY, 1919

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BOOK REVIEWS.....

Dr. Arthur E. Hertzler

Associate Professor of Surgery in the University of Kansas

says of

Warbasse's Surgical Treatment

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THE JOURNAL

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VOL. XV.

LITTLE ROCK, ARK., MAY, 1919

No. 12

Original Articles.

MEDICAL INSPECTION OF SCHOOLS IN EXTRA CANTONMENT ZONES IN ARKANSAS.

(A Compilation of Results.)

By

J. C. Geiger, M. D., D. P. H., Epidemiologist,
and

H. I. Huntington, B. S., Scientific Assistant,
(United States Public Health Service)

Little Rock, Arkansas.

In an effort to better the sanitary conditions of schools in the extra cantonment zones, Camp Pike and Ebert's Field, Arkansas, along with the possibility of ascertaining actual physical conditions of children and obtaining accurate data of disease incidence, there was recently completed a survey accordingly. This data is invaluable inasmuch as it is the first of its kind to be recorded in Arkansas and is representative of a city, of a town in a manufacturing center, and of two rural communities.

The folowing tables are self-explanatory:

TABLE I (CITY).

	White		Col.	Total
Number of children examined.....	7173	2140	9313	
Number of defective children.....	3609	884	4493	
Percentage of defective children....	50.3	41.3	48.4	
Percentage of defective boys.....	51.8	39.9	49.1	
Percentage of defective girls.....	49.3	42.0	48.2	

RESULTS OF EXAMINATION

Defects.	White		Colored		Total	
	No.	%	No.	%	No.	%
Teeth	2244	31.2	556	25.9	2800	30.0
Tonsils	1125	15.6	309	14.4	1434	15.3
Adenoids (Symptoms)	243	3.3	36	1.6	279	2.9
Vision	967	13.4	257	12.0	1224	12.0
Hearing	249	3.4	33	1.5	282	3.0

DISEASE INCIDENCE HISTORY INDEX.

	White		Colored		Total	
	No.	%	No.	%	No.	%
Measles	6026	84.0	1692	79.0	7718	82.8
Scarlet fever . . .	723	10.0	51	2.3	774	8.3
Diphtheria	540	7.5	69	3.2	609	6.5
Sore throat	3113	43.3	967	45.1	4080	43.8
Malaria	2182	30.4	670	31.3	2852	30.6
Smallpox	400	5.5	193	8.9	593	6.3
Chickenpox	3251	45.3	486	22.7	3737	40.1
Whooping cough	5088	70.9	1210	56.5	6298	67.6
Typhoid fever . .	566	7.8	126	5.8	692	7.4
Rheumatism	445	6.2	141	6.5	586	6.2
Vaccination	6940	96.7	2126	99.3	9066	97.3

TABLE II.

(Town in Manufacturing Center.)

	White	Col.	Total
Number of children examined.....	1649	714	2363
Number of defective children.....	987	333	1320
Percentage of defective children...	59.8	46.6	55.8
Percentage defective boys.....	62.9	43.4	57.1
Percentage defective girls.....	57.0	49.7	54.7
Number successfully vaccinated....	1464	626	2090
Percentage successfully vaccinated..	88.7	87.6	88.4

RESULTS OF EXAMINATION

Defects.	White		Colored		Total	
	No.	%	No.	%	No.	%
Teeth	633	38.3	241	29.4	874	36.9
Tonsils	287	17.4	96	13.0	383	11.6
Adenoids (Symptoms)	82	4.9	3	.4	85	3.5
Vision	221	13.4	39	5.4	260	11.0
Hearing	142	8.6	17	2.3	159	6.7

DISEASE INCIDENCE HISTORY INDEX.

	White		Colored		Total	
	No.	%	No.	%	No.	%
Measles	1407	85.3	510	72.8	1917	81.1
Scarlet fever . . .	117	7.0	25	3.5	142	6.0
Diphtheria	83	5.0	27	3.7	110	4.6
Sore throat	1111	67.3	511	72.8	1622	68.6
Malaria	861	52.2	448	62.7	1309	55.3
Smallpox	95	5.7	127	17.9	222	9.3
Chickenpox	833	50.5	171	23.9	1004	42.4
Whooping cough	1181	71.6	462	64.7	1643	69.5
Typhoid fever . .	128	7.7	50	7.0	1178	7.5
Rneumatism	99	6.0	41	5.7	140	5.9

TABLE III.

(Rural Community "A".)

	White	Col.	Total
Number of children examined.....	366	41	407
Number of defective children.....	198	22	230
Percentage of defective children...	54.0	53.5	56.5
Percentage of defective boys.....	55.8	52.5	54.0
Percentage of defective girls.....	53.5	54.4	53.8
Number successfully vaccinated....	325	40	365
Percentage successfully vaccinated..	88.3	97.9	89.6

RESULTS OF EXAMINATION.

Defects.	White		Colored		Total	
	No.	%	No.	%	No.	%
Teeth	124	33.7	12	29.2	136	33.4
Tonsils	75	20.3	12	29.2	87	21.3
Adenoids (Symptoms)	26	7.0	10	24.3	36	8.8
Vision	44	11.9	2	4.8	46	11.3
Hearing	22	5.7	2	4.8	24	5.8

DISEASE INCIDENCE HISTORY INDEX.

Defects.	White		Colored		Total	
	No.	%	No.	%	No.	%
Measles	321	87.2	34	82.9	355	87.2
Scarlet fever . . .	43	11.0	....	....	43	10.5
Diphtheria	30	8.1	....	....	30	7.3
Sore throat	296	80.4	36	87.8	342	84.0
Malaria	299	82.3	32	78.0	331	81.0
Smallpox	39	10.6	12	29.2	51	12.5
Chickenpox	158	42.9	9	21.9	167	41.0
Whooping cough . .	263	72.0	27	67.0	290	71.2
Typhoid fever . . .	28	7.6	1	2.4	29	7.1
Rheumatism	42	11.0	2	4.8	44	10.8

TABLE IV.
(Rural Community "B".)

	White	Col.	Total
Number of children examined.....	362	40	402
Number of defective children.....	185	22	207
Percentage of defective children... ..	51.1	55.0	51.4
Percentage of defective boys.....	49.8	54.3	50.3
Percentage of defective girls.....	51.9	56.7	51.7
Number successfully vaccinated....	325	33	358
Percentage successfully vaccinated..	90.0	86.8	89.0

RESULTS OF EXAMINATION.

Defects.	White		Colored		Total	
	No.	%	No.	%	No.	%
Teeth	127	31.9	11	28.9	138	34.3
Tonsils	95	23.9	12	31.3	107	26.6
Adenoids (Symptoms)	23	5.7	6	15.6	29	7.2
Vision	61	15.3	2	5.2	63	15.6
Hearing	23	5.7	3	7.8	26	6.4

DISEASE INCIDENCE HISTORY INDEX.

	White		Colored		Total	
	No.	%	No.	%	No.	%
Measles	338	85.1	29	76.2	367	91.2
Scarlet fever . . .	10	2.5	2	5.2	12	2.9
Diphtheria	16	4.3	....	....	16	3.9
Sore throat	263	65.9	29	76.2	292	72.6
Malaria	175	44.0	23	60.5	198	49.2
Smallpox	27	6.8	4	10.4	31	7.7
Chickenpox	217	54.6	6	15.6	223	53.4
Whooping cough . .	313	78.8	25	65.7	338	84.0
Typhoid fever . . .	35	8.8	5	13.1	40	9.9
Rheumatism	32	8.0	5	13.1	37	9.2

TABLE V.
(Summary of Results.)

	White	Col.	Total
Number of children examined.....	9550	2976	12525
Number of defective children.....	4979	1261	6240
Percentage of defective children... ..	52.1	42.3	49.8
Percentage of defective boys.....	53.0	41.5	51.6
Percentage of defective girls.....	51.9	43.9	49.7
Percentage successfully vaccinated..	88.5	87.9	88.6

RESULTS OF EXAMINATION.

Defects.	White		Colored		Total	
	No.	%	No.	%	No.	%
Teeth	3128	32.9	820	27.6	3948	31.5
Tonsils	1582	16.5	429	14.4	2011	16.1
Adenoids (Symptoms)	374	3.9	55	1.8	429	3.4
Vision	1293	13.5	300	10.1	1593	12.7
Hearing	436	4.5	55	1.8	491	3.9

DISEASE INCIDENCE HISTORY INDEX.

	White		Colored		Total	
	No.	%	No.	%	No.	%
Measles	8094	84.5	2265	76.3	11359	90.6
Scarlet fever . . .	893	9.3	78	2.6	971	7.7
Diphtheria	669	6.9	96	3.2	765	6.1
Sore throat	4783	50.0	1543	51.9	6326	50.5
Malaria	3517	36.9	1173	39.4	4690	37.5
Smallpox	561	5.8	336	11.3	897	7.7
Chickenpox	4459	46.6	672	22.6	5131	40.8
Whooping cough . .	6895	71.9	1732	57.8	8617	69.0
Typhoid fever . . .	757	7.9	182	6.1	939	7.5
Rheumatism	618	6.4	198	6.6	816	6.5

Medical inspection of schools is no longer an experiment but an urgent necessity. Its principal object is the early recognition and correction of physical defects such as errors of refraction, imperfect hearing, adenoids, enlarged tonsils and decayed teeth.

The mere discovery of these defects with their tabulations would mean nothing if no corrective clinics be organized and the local medical profession be uninterested.

The law of the State of Arkansas requires that all children attend school for a certain length of time and further provides means whereby this law can be enforced.

This same machinery if used intelligently could serve for follow-up work in medical inspection with the result that the parents of defectives could not escape the responsibility incident thereto.

DISCUSSION OF DEFECTS.

A comparison of the above tables is enlightening as to the percentage of defective school children in the three types of communities. The city, though having the lowest percentage, in the aggregate, does not show sufficient difference to make it distinctive. Of extreme interest is the relatively high percentage of defective teeth in all types of communities. The teeth of negro children were always better. The percentage defective rates of vision and of tonsils, as a rule, were about the same and probably are indicative of the low scholastic records usually found associated with such defects. Girls invariably showed fewer defects than boys.

DISCUSSION OF DISEASE INCIDENCE.

The incidence of measles is the same in all types of communities in this report. Likewise is the incidence of whooping cough. Malaria, as would be expected, is considerably lower in a city than in the other communities probably because of better screening. The incidence of chickenpox is rather high. Of extraordinary interest is the typhoid incidence, which averages the same in all these communities. One would expect the rate to be much higher in the rural and town communities, as the disposal of excreta and the condition of water supplies are far from satisfactory. Unless these are bettered, this rate will undoubtedly increase, depending as it does on the number of carriers produced. Again, it is of interest to compare the sore throat incidence with the rheumatism incidence, which could be considered large. It is thought that one is dependent on the other. Diphtheria is rarely found or is unrecognized. The low rate of smallpox incidence is indicative of successful vaccination.

EXHIBITION OF THE MEDICAL ACTIVITIES OF THE WAR.

Army Medical Museum, Seventh and B Sts.,
S. W., Washington, D. C.

(Continued from April issue, page 226.)

Exhibit 8—Army Psychology Tests. This consists of charts and photographs showing successive steps in army examination to test the mental capacity of officer and soldier. Classification of results and a table display of the materials used in these tests comprise this part of the exhibit. These mental tests were applied to men upon their entrance into the army to determine their mental intelligence for the purpose of placing them in positions for which they were best qualified. Those men who could read and write were placed in what is known as the "Alpha group," and they were given an examination to determine their grade of mentality. Those who could not read or write were placed in what was known as the "Beta group" and given a test of equal difficulty but requiring no reading or writing ability. Those who did not pass the Beta examination were given individual mental examination. This was an

army modification of the Stanford-Binet or Point Scale, or a special performance examination devised by army psychologists to test foreigners and native illiterates. In the Beta test a blackboard was used to demonstrate to the subject what he was to do on the paper before him. For example, he was required to find his way out of a maze, to fill out missing parts of figures, such as drawing in the leg of a chair or the stem of a pipe, etc. The results of these examinations were sent to the personnel officer at each camp. In the Personnel Office, selections were made to fill requisitions according to the intelligence required in each occupation. The successful application of mental tests to army needs indicates that they will be of considerable use in civil life in determining the fitness of applicants for different occupations.

Exhibit 9—Physical Examination. Striking facts and results of the physical examination of our troops during the war are shown by legends and charts featuring this exhibit. These examinations developed the fact that out of over three million men drafted into the army, 320,000 were found physically unfit for service.

Exhibit 10—Delousing. It is not generally known that all troops returning to the United States must pass through what is known as a delousing process. This is found necessary to free the soldiers from "cooties," or clothes lice, which we obtained in France. It is not only necessary to return the troops to their respective homes clean, but it is important to prevent the introduction of louse-borne disease in this country. The clothes louse transmits typhus fever, trench fever, and relapsing fever. The epidemics of typhus fever in Serbia, Bulgaria, Russia and Germany, which caused an enormous loss of life, were transmitted by vermin. Trench fever on the western front caused much concern by reducing the fighting strength of various units. The louse has transmitted more disease in the present war than any other disease-carrying insect. In fact, eradication of the louse in this war was comparable to the destruction of the fly in the Spanish-American war. With the program as now carried on, every soldier returns to his home clean and free from cooties, and precautions are taken to prevent them from transferring vermin to civilians. Up to the present time, not a single case of

louse-borne disease has been introduced into the United States. The program consists of detention of two weeks at foreign ports, during which time universal delousing is practiced, inspection and delousing on transports when necessary, and universal delousing in the United States. The delousing process is repeated to check up on the first delousing. The delousing process consists of sterilization of all clothing by steam. Steam destroys lice and their eggs and the germs concerned in the transmission of louse-borne diseases. Each soldier is examined for vermin and then given a warm bath. The hair is only clipped when nits are found. This exhibit consists of models used to rid the soldier of the cootie and is supplemented by photographs and charts showing the operation of delousing plants at home and abroad. The models exhibited are those of a Serbian barrel used for steaming the clothing, and the other is a portable "hot box" used in the front area for destroying lice and eggs. This box is based on the principle of the fireless cooker, and actually cooks the lice. A plan of the delousing plant used in this country is shown. Pictures are shown of Mr. and Mrs. Cootie and the germs that cause disease which are transmitted by lice.

Exhibit 11—Food and Nutrition. Many new features of efficiency and sanitation in the feeding of soldiers are shown in the exhibit from the Section of Food and Nutrition. The experiences of the Spanish-American war taught the army the importance of adequate food inspection and of expert criticism of dietaries. The result has been in the recent war the most thorough system of food and mess inspection ever seen in any army. The quartermaster inspects the food when it is purchased, the veterinary officer in the camp inspects all meat, and meat products, before they are delivered to the messes, and a nutrition officer of the Medical Department instructs the mess sergeants how to recognize foods of inferior quality when they arrive at the mess. The results of nutritional surveys conducted by this section in all the training camps are shown in various graphs and charts. A mechanical device for balancing the ration and two different graphic schemes for the same purpose are features of the exhibit. There are numerous photographs of food and mess conditions in various camps.

Exhibit 12—Sanitation in Camps and Sanitary Appliances. Charts and photographs and a full display of sanitary models and ap-

pliances are presented in this exhibit to illustrate the sanitation of the camp and battlefield. The models include ice boxes, fly traps, incinerators, ovens, shower baths, grease traps, latrines, water heaters, etc., all in miniature, and in wood, stone and brick, comprising a total of about 100 objects. This exhibit illustrates methods employed in the purification of water, the treatment and disposal of sewage, the collection and disposal of wastes, the control of mosquitoes and flies, and, in general, shows many of the principal features of camp sanitation.

Exhibit 13—Vital Statistics, Methods and Results. In this exhibit are perforated statistical cards, one showing the results of physical examination of recruits, another showing the case of a man sick with influenza, another of a soldier who has received a battle injury, and another showing the method of arriving at the strength of various army posts. Charts are given showing the occurrence of venereal disease by States, as shown by a physical examination of the men. Another interesting chart is that showing the height and weight of soldiers as developed by physical examination, for certain diseases which may affect height and weight, and, in general, shows many of the principal features of camp sanitation.

Exhibit 14—War Museum of Army Medical Museum. This comprises three sections of materials which have been received from France monthly since the beginning of the European war. It includes a large collection of military weapons, rifles, machine guns, helmets, gas masks, etc. Another section comprises pathological specimens, and a third section a collection of wax models. The first section comprises military weapons and depicts the evolution of rifles, pistols and revolvers from olden to modern times. In this collection may be seen the old matchlock devised about 1500 and flintlocks dating back to 1650. Antique pistols and revolvers are also shown in a case along side the modern Colt, Remington, and Browning automatics. The rifle exhibit includes types of arms captured from the Germans by American troops. There are also numerous types of English and French weapons on view, and for the United States various models from the 1917 rifle back to the rifle of Civil War days are shown. An interesting feature is a collection of guns in use in the Franco-Prussian War, as well as in the Russo-Japanese War. Among the latter

are the Russian three-line rifle, and rifles used in the Spanish War, including the Spanish Mauser. Among Civil War guns is the old Springfield muzzle-loading musket, and in this group may be seen pieces picked up on the battlefield of Gettysburg. There is also an exhibition of types of foreign rifles adopted in emergency in the Civil War including the Austrian block gun and the Garibaldi musket from Italy, and the earlier breech-loading musket used in the Mexican and Indian wars, and the old smooth-bore muskets of 1820 and 1830. Another interesting feature of this exhibit is a specimen of the Pill-lock musket, a rare type between a flintlock and the percussion cap gun, which was fired by a pill-shaped capsule. Muskets of the Revolutionary period are shown including the flintlock and the wheel-lock musket types. A set of English blunderbusses which were carried on coaches and horse-back in the period around 1650 are also shown. In this section of the exhibit the earliest type of gun, the matchlock, devised about the year 1500, is seen. In passing, it may be noted that even in these modern times some of the Oriental countries use these old type guns. It is also interesting to note that in the late world war every available pattern of gun was brought into use, even the old flintlock and matchlock types. Returning officers tell interesting stories of the different types of guns that they saw in use on the European battlefields. The collection of pistols and revolvers begin with the old match-lock pistols, the flintlock, percussion cap and the types used in the 16th and 17th centuries down to the modern service weapons. There are shown types of the Colt and Remington arms in use since the Civil War period. There is also shown the latest German Luger automatic in use in the European War, as well as the American Browning. There is also a representation of the different types of machine guns used in various armies. Specimens are shown of the German machine guns recently captured on the battlefields of France. In this connection is shown additional helmet pieces worn by machine gunners. An interesting exhibit is a French machine gun which was used by American troops when first they got into action. It has been named the "Chauchat"—"Hot Cat." The exhibit

also includes specimens of shells used by light and heavy artillery and a various assortment of bullets and shrapnel which figured in the late war. A large collection of helmets—German, French, English and American—are on view, riddled with holes showing the effect of shell and rifle fire. A set of canteens, many of them peppered with holes, also show that they saw service at the front. The same case contains a set of German medical supplies which were captured in action. Body armament which was worn by German shock troops which resemble the ancient knight's cuirass and body shields, worn by the English, are also on view, and, in addition, there is also a series of barbed wire entanglements. A German anti-tank gun which was captured by our troops is also on display. In the same case is a wax model of a man showing the effects of the bullets fired by these weapons, and two old swivel guns, their prototypes, of large bore which were used in the Civil War. The gas mask exhibit includes a complete set from the earliest types down to the latest models. The first type used in this war was the celluloid mask, followed by a box respirator used by the British and similar equipment used by our own troops. The can outfits which were used extensively by the French and Germans are also shown. Another feature of this exhibit is a complete outfit of the German Draeger apparatus which is shown in the original box and as used by the German troops. Photographs are also shown illustrating the use of these masks. A German gas helmet for use by wounded men is also shown. German maps of France, surgical instruments used by the Germans on the battlefield, and improvised crutches for their troops for use in the rear—all captured from the enemy in the late war—form interesting parts of this exhibit. There are several cases of wax models showing the effects of mustard gas burns, and also the effects of the gas on the lungs. Wax models are also shown of various forms of skin diseases and facial deformities. A hookworm exhibit showing the ravages of this disease in our Southern cities and the means of its control is of interest, as many of our Southern troops were affected by this disease. There is also a case of pathological specimens showing the effects of pneumonia on the lungs.

THE JOURNAL

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The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

OUR ANNUAL MEETING.

The Arkansas Medical Society on Thursday, May 22, closed the forty-third Annual Convention, which proved to be one of the most successful ever held. George S. Brown of Conway was elected President; Dr. C. E. Kitchens of DeQueen, First Vice President; A. L. Carmichael of Little Rock, Second Vice President; W. P. Cooksie of Magnolia, Third Vice President; C. P. Meriwether of Little Rock, Secretary (re-elected); and Wm. R. Bathurst of Little Rock, Treasurer (re-elected).

The new Councilors elected are as follows:
First District—J. H. Stidham, Hoxie.
Second District—T. J. Stout, Brinkley.
Fifth District—F. E. Baker, Stamps.
Seventh District—W. T. Wooton, Hot Springs.
Ninth District—L. Kirby, Harrison (re-elected).

The terms of the five other incumbents do not expire until 1920.
Dr. R. C. Dorr of Batesville was elected delegate to the American Medical Association for two years, the hold-over delegate being C. P. Meriwether of Little Rock. The National Association will meet June 9-13 at Atlantic City, N. J.

Eureka Springs was selected as the Convention city of the Arkansas Medical Society for 1920.
The meetings, which were held in the Old Statehouse at Little Rock, May 20, 21, 22, and many matters of more than passing interest developed. Among them may be mentioned the clinic at the County Hospital on Monday, May 19, which although the day before the actual meeting of the Convention, was largely attended.

The clinic and the lecture in the evening under the auspices of the Pulaski County Medical Society, were ably conducted by C. Canby Robinson and Barney Brooks of the Medical Department, Washington University, St. Louis. Another feature was a paper on tuberculosis and the action taken in resolutions, urging Government control of the problem and the creation of a department of Health, the head of it to be a cabinet officer.

Another unusual feature was the presentation by Dr. Charles H. Cargile of Bentonville of a female phenomenon capable of accelerating the action of the heart by muscular control, which while not without precedent, occurs so rarely that few cases are recorded in the books and doubtless most of those present had never before seen such a case.

The House of Delegates convened on Tuesday morning at 9:00 o'clock and beside other routine business, selected the members of the State Board of Medical Examiners, however the names will not be announced until the recommendations are approved by Governor Brough. The first general session was held in the afternoon. The addresses of welcome were delivered by Mayor Brickhouse for the city and Dr. C. E. Witt for the Pulaski County Medical Society, of which he is President. Dr. J. H. Kennerly of Batesville made the response for the Arkansas Medical Society.

Dr. E. F. Ellis of Fayetteville, the retiring President, made his annual address which will be published in full in the next issue of the Journal. The important problem of the session, in the scientific program which followed was "The Control of Tuberculosis as a Problem for the United States Government," the subject of an admirable address by Dr. J. D. Southard of Fort Smith. In the discussion which followed the consensus of opinion concurred with that of Dr. Southard and this general opinion found expression the next day in the resolution already referred to. Other instructive papers were read and will be published at intervals during the year.

At the general session on Wednesday, May 21, Dr. Cargile introduced his case of voluntary heart action accelerated by muscular control and in the two demonstrations given in which the subject raised her heart beats per minute from 92 to 144 in the first demonstration, and up to 168 in the second, the physicians in attendance showed deep interest in the unusual phenomenon.

Dr. W. F. Smith, Division Surgeon, Missouri Pacific Railway, talked interestingly on "Treatment of Fractures" with shadow box demonstrations.

At the final session on Thursday, May 22, officers were elected, the results being given above, the resolution urging Government control of tuberculosis was adopted and a resolution passed asking the Government to turn over to Lonoke County the fully furnished

hospital soon to be abandoned by the aerial department at Ebert's Field.

In addition to the regular sessions there were other functions including the Annual Banquet by the alumni of the Medical Departments of the University of Arkansas and Washington University, and the placing of an urn in the archives of the State History Commission to the memory of the late Moses Tran Clegg for his distinguished achievements as a bacteriologist. He was an honor to the profession, brave and studious, devoted to his work and disregarding personal danger as evidenced by his work during the infantile paralysis epidemic, in accepting the post of assistant director of the Government leprosy investigation station at Hawaii during which he succeeded in isolating the leprosy bacillus and in other services in tropical climes. He was a son of our esteemed friend Dr. J. T. Clegg of Siloam Springs.

With an attendance of over 300 and with the program, wholly of home talent within the membership of the Society, and with subjects taken up all of general public interest, the meeting of 1919 may be accounted a complete success.

Editorial Clippings.

SCIENCE AND SURGERY.

A recent paper by Horsley¹ on the value of biologic principles in surgical practice concluded with these words:

"Real progress in surgery lies not so much in cultivating the art of surgery and in striving after mechanical dexterity, which is important but can be acquired in a few years, as in the study of biologic principles that concern function, nutrition, metabolism, and repair of tissues, and in the thoughtful application of these principles to every operation and to every method of surgical treatment."

It would be easy to substantiate this significant statement by reference to the history of progress in surgical performance. However it cannot be reiterated too often, especially to those about to embark on a career in medicine, that technique and curative or operative methods are merely means to an end. Real advance of a permanent sort can

¹ Horsley, J. S.: The Value of Biologic Principles in Surgical Practice, J. A. M. A. 72: 1263 (May 3) 1919.

rarely be made until there is some appreciation that bodily disorders are in most instances the expression of perverted functions which must be thoroughly understood to be intelligently dealt with, not only in medicine but also in surgery. An accurate knowledge of the location of bodily structures and an ability to alter their position or connections by skillful surgical manipulation may, after all, avail very little unless the mode of physiologic performance of the organs concerned is understood sufficiently well to give promise of satisfactory functioning after the anatomic alterations or reconstructions are carried out. The modern procedures for facilitating wound healing are based not merely on clever manipulations and mechanical devices but, above all, on a careful study of the response of denuded tissues to the operations to which they are exposed. The determination of an optimum reaction of an irrigating solution and the response of the living cells to it require attention quite as well as its antiseptic properties or the route by which it can be made to penetrate wounds. The most skilful operator can not avoid an insult to injured tissues if, blind to the physiologic principles involved in the nutrition of these living parts, he thinks and acts solely in terms of technic.

In a way it is unfortunate that so much interest is centered by the average advanced student in the purely operative aspects of his work so far as empirical methods are emphasized. The "clever operator" tends to be uppermost in his mind. The student has presumably been inducted into the bearing of a functional point of view during his first two years of study when the methods of the scientist preponderate in all his instruction. He must show proficiency in the sciences concerned with the origin of disease, because their importance is now universally admitted. But, as Macleod² has pointed out, when the surgical clinic is reached the methods of the scientist are all too frequently cast aside; and an understanding of disease is sought for largely by the empirical method, namely, by the endeavor to see and examine innumerable patients, to diagnose the case according to the grouping of the signs and symptoms, and to treat it by the prescribed methods of experience. Sir Clifford Allbutt proclaimed in his recent presidential address before the British

Medical Association that the new birth of medicine is nothing less than the enlargement of medicine from an art of observation and empiricism to an applied science founded on research³. The sooner it is realized that real surgical success rests on physiologically sound thinking as well as on unique manual dexterity, the greater will be the prospect of renewed progress.—*Jour. A. M. A.*, May 24, 1919.

Abstracts.

DELIVERING THE PLACENTA.

A procedure for delivering the placenta is proposed by J. L. Baer, Chicago (*Journal A. M. A.*, May 24, 1919), which does away, he thinks, with some of the possible dangers. It utilizes, he claims, the natural powers of the woman without danger of too much traumatism causing metritis or rupture of a pus tube. In most cases the inability to accomplish expulsion spontaneously is due to the loss of tone of the abdominal wall, so long overstretched. His method is as follows: "After the usual period of waiting, averaging half an hour, and when the uterus is at the height of a contraction, as evidenced both by feeling it and by the pain the woman is experiencing, I grasp the abdominal wall crosswise above the fundus and pull the rectus muscles together, thus taking up all the slack. I then encourage the woman to bear down, and in practically every case in which expression on the fundus would have succeeded, this procedure has succeeded. If, then, there should be adherent membranes, they are treated in exactly the same fashion as following any other method of expression." The advantage claimed is the avoidance of handling the uterus, which he considers always advisable.

MALARIA.

C. C. Bass, New Orleans (*Journal A. M. A.*, April 26, 1919), described the treatment for malaria-infected persons, adopted in Bolivar and Sunflower Counties, Miss., after three years' observation in an attempt to learn the most effectual and practical method, as follows: "The treatment for adults is 10 grains of quinin sulphate every night before retiring for a period of eight weeks. For children

². Macleod, J. J. R.: *Physiology and Biochemistry in Modern Medicine*, St. Louis, 1918.

³. The Clinical and Scientific Meeting of the British Medical Association, *J. A. M. A.* 72: 1312 (May 3) 1919.

the dose that gives the same results as 10 grains in adults is: under 1 year $\frac{1}{2}$ grain; 1 year, 1 grain; 2 years, 2 grains; 3 and 4 years, 3 grains; 5, 6 and 7 years, 4 grains; 8, 9 and 10 years, 6 grains; 11, 12, 13, and 14 years, 8 grains; 15 years or older, 10 grains. The 6, 8 and 10 grain doses are best administered in the form of two tablets (or if preferred, capsules), containing 3, 4, or 5 grains each. The smaller doses are best administered in aromatic syrup of yerba santa (syrupus eriodictyi aromaticus, N. F.), so prepared that one teaspoonful contains the required dose." The patient should be advised to omit no doses, as the treatment must be continuous for the full term of eight weeks. Those with acute attacks of malaria should be given one dose of 10 grains, or a proportionate dose for children, three times a day for three of four days, which relieves the acute symptoms, and then the eight weeks' treatment will eliminate the infection. The treatment described will disinfect 90 per cent of the cases. To disinfect the whole would require three months or over. Some persons require much longer treatment than others. If there are indications that the carrier is of that type, the eight weeks' treatment should be extended without waiting for a relapse. A malaria carrier is liable to relapse at any time, and with the varying methods used by different physicians few victims are actually and thoroughly disinfected. Quinin and its other similar alkaloids are the only remedy for malaria, and the sulphate is as good as any. The administration by mouth is the only method to be considered. Bass advises those who give it hypodermically to take a few doses themselves, which will quiet their enthusiasm for that method. The daily continuous administration is much better than the intermittent treatment for a few days each week, though some hold the contrary opinion.

Personals and News Items.

Dr. C. R. Doyne of Little Rock has moved to Lonoke.

Capt. D. W. Goldstein of Fort Smith has returned from France.

Dr. Thomas Douglass of Ozark is in New York.

Dr. P. A. Riddler has been appointed member of the Board of Health of Fort Smith.

Dr. W. G. Hodges of Malvern recently attended the surgical clinics in Chicago and Rochester.

Dr. L. R. Ellis has been appointed member of the Board of Health for the City of Hot Springs.

Naylor, Arkansas, is in need of a good physician. If interested write J. M. Reynolds, R. F. D. No. 1, Box 42, Vilonia, Arkansas.

The Journal is reaching the members late this month, due to the fact that it had to be held up until after the Little Rock meeting of the State Society.

Mrs. Edwin Kubale of Fort Smith, announces the marriage of her daughter, Marguerite, to Dr. R. L. Saxon of Little Rock, May 18, 1919.

A movement was definitely launched May 14 for the building of a hospital in Little Rock for the sick and crippled children of Arkansas.

A new booklet on Procaine for local anesthesia may be had for the asking. Write Abbott Laboratories, 4757 Ravenswood Ave., Chicago.

At a recent meeting of the City Council at Melbourne they adopted a resolution endorsing the United States Public Health Service and the State Board of Health on the excellent work done in their community.

It is with regret that we announce the death of Dr. S. T. Tapscott, Sr., aged 88, of Searcy. Dr. Tapscott has been a resident of Searcy for 40 years. Died May 13, 1919. He is survived by three daughters and one son, Dr. S. T. Tapscott, Jr., of Searcy.

The Thirty-second Annual Convention of the American Association of Official Surgeons will be held September 15, 16, 17, at the Congress Hotel, Chicago. Forenoons will be given to operative demonstrations at the hospital. The Clinics will be interesting as usual.

Col. R. M. Culler, recently returned from France, has been made commanding officer of the Army and Navy Hospital, Hot Springs, succeeding Col. Charles M. Gandy, who has been transferred to Governor's Island, N. Y., where he will head the medical service.

Colonel Culler went to France soon after the outbreak of the war and did excellent

work in the military hospitals. Colonel Gandy was commanding officer of the hospital here since February, 1917, coming here from the Philippines.

The Physicians' and Surgeons' Adjusting Association, of Kansas City, wishes to call the attention of physicians in this field to the fact that they do collect old accounts. This Journal has accepted their advertisement, which will be found on another page of this issue, and any business transacted with this company will no doubt be entirely satisfactory to those who have dealings with them.

Dr. R. F. Darnall has resigned his position as assistant superintendent of the State Hospital for Nervous Diseases and will soon open an office in the Donaghey Building limiting his practice to diseases of the nervous system.

He will be succeeded at the State Hospital by Dr. C. A. Arkebauer who has been connected with the hospital for the past 18 years.

Members of the Arkansas State Board of Medical Examiners presented to Dr. F. T. Isbell of Horatio, retiring president, a beautiful silver loving cup in token of their appreciation of his services. Dr. E. F. Ellis of Fayetteville made the presentation speech, paying a high tribute to the efficiency Dr. Isbell displayed in handling the affairs of the Board. Dr. Isbell's terms as a member of the Board of Examiners expired May 14, following the completion of the annual examination of applicants for licenses to practice medicine.

The license of Dr. Numa A. Haizlip, formerly of Hot Springs, was revoked on the 13th day of May, 1919, by the State Medical Board of the Arkansas Medical Society for violating Article D, Section 9, Act 219, law of the State of Arkansas as passed by the Legislature of 1909, by publicly advertising special ability to treat and cure chronic or incurable diseases. Dr. Haizlip was legally served by the Sheriff of St. Francis County, a citation to appear and show cause why his license should not be revoked for the above named offense; he failed to appear either in person or by representative.

AGAIN, we desire to remind doctors to notify Dr. C. P. Meriwether, Secretary of the State Society, regarding any failure to receive the Journal regularly. It is no small matter to keep a mailing list of several hundred names absolutely accurate and, in view

of the fact that during the past year and a half an effort has been made to send the Journal to physicians in military service, who are now returning to their homes, it is especially hard to eliminate all errors. Therefore, individuals will bestow favors, not only upon themselves, but upon the Journal, in notifying us concerning their present address, if recent move has been made.

APPOINTMENT OF COUNTY HEALTH OFFICERS.

County Health Officers for most of the 75 counties of the State for the next two years were appointed at a meeting held in the office of C. W. Garrison, State Health Officer, Tuesday, May 20, by the State Board of Health under authority of Act No. 96 of the General Assembly of 1913, as follows:

First District—Craighead, Dr. C. M. Lutterloh, Jonesboro; Cross, Dr. J. L. Hare, Wynne; Greene, Dr. E. S. Baker, Paragould; Lee, Dr. O. L. Williamson; Mississippi, Dr. O. Howton, Osceola; Poinsett, Dr. R. E. Yarbrough, Harrisburg; St. Francis, Dr. P. P. Boggan, Forrest City.

Second District—Clebune, Dr. F. G. Richardson, Heber Springs; Fulton, Dr. J. A. Sigler, Mammoth Spring; Independence, W. B. Lawrence, Batesville; Izard, Dr. E. A. Baxter, Melbourne; Jackson, Dr. G. K. Stephens, Newport; Lawrence, W. W. Hatcher, Walnut Ridge; Monroe, Dr. T. J. Stout, Brinkley; Randolph, Dr. W. E. Hamil, Pocahontas; White, Dr. J. M. Jelks, Searey.

Third District—Baxter, Dr. J. T. Tipton, Mountain Home; Benton, Dr. C. A. Rice, Rogers; Boone, Dr. C. M. Routh, Harrison; Carroll, Dr. C. A. George, Berryville; Madison, Dr. Fred Youngblood, Huntsville; Newton, Dr. J. W. Sexton, Mt. Judae; Van Buren, Dr. J. S. McMahan, Clinton; Washington, Dr. J. W. Walker, Fayetteville; Searey, Dr. S. G. Daniel, Marshall.

Fourth District—Crawford, Dr. W. L. Parchman, Van Buren; Howard, Dr. D. A. Hutchinson; Little River, Dr. W. W. York, Ashdown; Logan, Dr. I. H. Jewell, Paris; Miller, Dr. H. R. Webster, Texarkana; Montgomery, Dr. I. N. Freeman, Mount Ida; Pike, Dr. T. F. Alford, Murfreesboro; Scott, Dr. L. D. Duncan, Waldron; Sevier, Dr. R. L. Hopkins, DeQueen.

Fifth District—Conway, Dr. B. C. Logan, Morrilton; Faulkner, Dr. J. S. Westerfield, Conway; Franklin, Dr. Thomas Douglass, Ozark; Pope, Dr. R. L. Linzy, Russellville; Yell, Dr. C. B. Linzy, Plainview.

Sixth District—Cleveland, Dr. A. J. Hamilton, Rison; Desha, Dr. R. F. White, McGehee; Drew, Dr. M. B. Corrigan, Monticello; Garland, Dr. B. F. Casada, Hot Springs; Grant, Dr. J. E. Jones, Sheridan; Hot Spring, Dr. J. M. Williams, Malvern; Jefferson, E. C. McMullen, Pine Bluff; Lonoke, Dr. S. A. Southall, Lonoke; Saline, Dr. J. M. Melton, Benton.

Seventh District—Ashley, Dr. L. C. Barnes, Hamburg; Bradley, Dr. W. T. Fiske, Warren; Calhoun, E. T. Jones, Hampton; Chicot, Dr. W. W. Easterling, Chicot; Clark, Dr. H. A. Ross, Arkadelphia; Columbia, Dr. P. M. Smith; Nevada, Dr. A. S. Buchanan, Prescott; Ouachita, Dr. N. S. Word, Camden; Union, Dr. H. H. Niehuss, El Dorado.

Propaganda for Reform.

VERACOLATE TABLETS.—The Council on Pharmacy and Chemistry examined Veracolate (Marey Co.) in 1915 and found it to be semisecret in composition, "unscientific in combination and exploited under unwarranted claims (Jour. A. M. A., April 26, 1919, p. 1245).

THE ADVERTISING OF SAL HEPATICA.—There are two ways of advertising a "patent medicine"—by direct advertisement to the public and by means of propaganda which will lead the medical profession to acquaint the public with it. Sal Hepatica is advertised by the indirect method (Jour. A. M. A., April 12, 1919, p. 1079).

PROFLAVIN OLEATE.—This is stated to be the oleic acid salt of the base contained in proflavin (the soluble sulphate of 3,6-diamino acridine. Proflavin oleate is not obtainable in the United States. Porflavin has been proposed in England for use as a wound antiseptic, but its usefulness has been seriously questioned (Jour. A. M. A., April 12, 1919, p. 1099).

ANTHELMINTICS.—The earthworm reacts with symptoms of toxicity to all clinical anthelmintics just as do the parasitic intestinal worms. This fact has enabled Torald Sollmann to reinvestigate the claims long made for

certain drugs. Spigelia was found to have rather feeble toxicity, but fresh pumpkin seed and squash seed were quite highly efficient (Jour. A. M. A., April 26, 1919, p. 1228).

GOLDENROD AND HAY FEVER.—In spring hay fever is caused chiefly by the pollen of grasses. The fall hay fever in the Northern, Eastern and Southern States is for the most part attributable to the pollens of the ragweeds. In the Pacific and Rocky Mountain States they are replaced by the wormwoods. Scheppegrell has concluded that goldenrod does not cause hay fever (Jour. A. M. A., April 19, 1919, p. 1162).

BUTTERMILK THERAPY.—For reliable information with regard to new therapeutic measures and reliable brands of drugs proposed for them, New and Nonofficial Remedies should be consulted. This book contains a chapter which discusses the probable value of the Metchnikoff sour milk therapy. The book also describes those brands of preparations which the Council on Pharmacy and Chemistry found to be reliable and exploited decently (Jour. A. M. A., April 12, 1919, p. 1099).

RADIUM TREATMENT OF ARTHRITIS DEFORMANS.—According to New and Nonofficial Remedies it has been claimed that radium emanation is of value in all forms of nonsuppurative, acute, subacute and chronic arthritis (syphilitic and tuberculous excepted), in chronic muscle and joint rheumatism (so-called), in arthritis deformans, in acute and chronic gout, etc. Its chief value is in the relief of pain. Curative results seem to be lacking (Jour. A. M. A., April 26, 1919, p. 1245).

PAW PAW TONIC.—An advertisement declared that "Paw Paw Tonic" contains no alcohol, but admits that it contains port wine. A newspaper item details the conviction of a Charlotte, N. C. druggist for selling this tonic to young men who became drunk from drinking it. The counsel for the druggist maintained that if Paw Paw Tonic was taken according to directions, the medicine would not produce intoxication. The jury decided that a "patent medicine" which when taken in liberal quantities will produce intoxication, is an intoxicating liquor (Jour. A. M. A., April 12, 1919, p. 1079).

INDEX.—According to Pharmacal Advance, a house organ extolling the products exploited

by Menley and James, Iodex has all the virtues of free iodine without its drawbacks. The claim that a given proprietary represents all the desirable therapeutic properties of a drug but not its drawbacks has been so often proved unwarranted that the claims made for Iodex should receive scant consideration. The report of the A. M. A. Council on Pharmacy and Chemistry on Iodex included a report from the A. M. A. Chemical Laboratory which showed that Iodex, despite the advertising claims, contains no free iodine—to be exact, when a test for free iodine was made on five specimens, four yielded only minute traces of iodine, while the fifth yielded none (Jour. Mo. State Med. Assn., April, 1919, p. 127).

DICHLORAMINE-T AND PETROLATUM DRESSING FOR BURNS.—Torald Sollmann reports that solutions of dichloramine-T in chlorococane do not protect the large open surfaces of burns against mechanical irritation and access of air. On the contrary, the solution is absorbed by the dressing, which is then guded by the wound secretions and causes pain and injury when the dressing is changed. As a result of a study of the decomposition of dichloramine-T by different solvents, Sollmann proposes the use of an ointment of three parts of surgical paraffin and seven parts of liquid petrolatum as a protective dressing on wounds (burns) treated with dichloramine-T-chlorococane solution. It may even be used as a basis for a dichloramine-T ointment (Jour. A. M. A., April 5, 1919, p. 992).

SURGICAL SOLUTION OF CHLORINATED SODA (Dakin's Solution).—According to New and Nonofficial Remedies, 1919, surgical solution of chlorinated soda may be prepared: 1. By the electrolysis of a sodium chloride solution. 2. By the action of chlorine on sodium carbonate. 3. By the interaction of chlorinated lime and sodium carbonate solutions with subsequent treatment with either boric acid or sodium bicarbonate to reduce the alkalinity (Jour. A. M. A., April 5, 1919, p. 1081).

PROCAIN ANESTHESIA.—There is no evidence of latent injury to the dental nerves from repeated injections of procaine to control supersensitiveness of the teeth. If an isotonic solution is used and this solution be made sterile by boiling, it is not probable that it will be injurious (Jour. A. M. A., April 5, 1919, p. 1022).

COLLOSOL COCAINE NOT ADMITTED TO N. N. R.—Collosol Cocaine (Anglo-French Drug Co. Ltd., New York) is claimed to be a prepara-

tion containing 1 per cent of cocaine in colloidal form and is alleged to possess a remarkable low toxicity. However, the A. M. A. Chemical Laboratory found that a specimen contained not more than 0.4 per cent of alkaloid; hence it does not have the composition claimed and is in effect misbranded. Further, in England it was conceded that the preparation was not an "absolute colloid" and that the declaration with regard to the percentage of cocaine was incorrect (Barger, Dale and Durham reported that a specimen was found to contain but 0.25 per cent of cocaine). Without considering other objections, the Council on Pharmacy and Chemistry declared Collosol Cocaine inadmissible to New and Nonofficial Remedies because its composition was not correctly declared (Jour. A. M. A., April 12, 1919, p. 1094).

CUPRASE NOT ADMITTED TO N. N. R.—Cuprase, sold by the Anglo-French Drug Co. Ltd., New York, is stated to be a colloidal copper hydroxide containing 0.00121 gm. copper per 6 c. c. ampule. A box of eight ampules is sold by the agents for eight dollars and fifty cents, less 10 per cent discount. The Council on Pharmacy and Chemistry reports that the therapeutic claims made in the advertising are those commonly made for cancer "cures" and are about equally convincing. It declares that some of the claims cannot be too severely condemned in a preparation which at best has only an experimental status. The evidence for the value of Cuprase published by the manufacturers or agents presents only vague generalities and no definite data. On the other hand, the evidence gathered by Weil some years ago permits an estimate of the value of Cuprase, and it is entirely unfavorable. In view of the extravagant and cruelly misleading claims and indefinite statement of composition, the Council voted that Cuprase is ineligible for New and Nonofficial Remedies (Jour. A. M. A., April 12, 1919, p. 1095).

County Societies.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Secretary.)

The Lawrence County Medical Society met in regular session at Hoxie, May 7, 1919, at 4:00 p. m., in the rooms of the Methodist church.

W. J. Robinson called the meeting together promptly and the Secretary read the minutes of the previous meeting which were approved.

Dr. J. W. Coffman of Black Rock was elected an honorary member in token of his long and faithful attendance and services and because of his age and family preventing him from attending the meetings. J. C. Poindexter of Imboden was elected to regular membership and all present were glad to receive him back into the society again as his counsel and assistance will be of service to all of the doctors.

Four of the six essayists were present with their papers, but T. C. Guthrie of Smithville could not come on account of the road conditions and his paper was forwarded by mail and was read by W. W. Hatcher. From the standpoint of papers it was one of the best meetings for some time. The following papers were read: "The Attitude of the Physician to the Illegitimate Child and Mother," G. A. Warren; "Cardiac Sedatives," T. C. Guthrie; "The Doctor and His Office," H. R. McCarroll; and "Shoek," J. M. Stephens. The papers were all freely discussed, no time was lost, and those present stated that they were proud that they had enjoyed such a privilege. Practically every eligible physician in the county now belongs to the Society as they realize that their improvement and progress in medicine depend largely upon all forms of post graduate work and that the exchange of thoughts brought out in meetings of this kind are very beneficial.

G. A. Warren, J. H. Stidham, J. M. Stephens, W. J. Robinson, J. C. Poindexter, H. R. McCarroll, J. W. Morris, J. C. Land, and W. W. Hatcher were present at the meeting.

MISSISSIPPI COUNTY.

(Reported by Earl E. Craig, Secretary.)

The Mississippi County Medical Society met at Blytheville, Tuesday, April 29, with the following members present: I. R. Johnson, E. E. Craig, F. I. Smith, W. S. McCall, C. C. Stevens, J. F. Sanders, S. A. Lowry, T. F. Hudson, J. A. Zaliba, M. F. Poff, J. W. McCreight and — Wilson.

The scientific program consisted of two papers, read by Dr. F. B. Smith and Dr. J. A. Zaliba. Dr. Smith's paper was one of much interest, as it brought out many valuable points concerning measures necessary to prevent gastro-intestinal diseases in children. Dr. Zaliba's subject was upon "Headaches as a Result of Eye Strain." This also proved very interesting as this oftentimes is found to be a hidden cause of headaches.

The most interesting paper of the evening was that of a case reported by Dr. J. F.

Sanders, known as "Encephalitis Lethargus" (sleeping sickness). The case came under Dr. Sanders' observation some two or three weeks ago when he was called in consultation with Dr. Caldwell of the same town. This patient lived a few miles out of Blytheville and only survived two weeks from the time of onset of the disease. At first the doctors seemed baffled as to the diagnosis; but from all other clinical symptoms present to the elimination of all other disorders, they came to the conclusion that they were dealing with a case of the new and strange disease that has recently appeared in the United States.

The Secretary was much pleased with the attendance and hopes to have every eligible doctor a member of the organization this year. No progressive doctor can afford to stay out of medical organization and the Secretary is going to ask for as good or better attendance at the next meeting to be held at Osceola on the second Tuesday in June.

Book Reviews.

QUARTERLY MEDICAL CLINICS.—A series of consecutive clinical demonstrations and lectures by Frank Smithies, M. D., at Augustana Hospital, Chicago. Volume I, Number 1. Published by Medicine and Surgery Publishing Company, Inc., St. Louis, Mo., January 1919. Annual Subscription \$5.00. Single Copies \$1.50.

This publication has the personal management of the well known medical editor, Dr. Philip Skrainka. With Dr. Smithies as contributing editor the Quarterly Clinics should prove to be of great value for teaching purposes. In this issue fifteen cases are described.

Case IX.—Patient, nervous, anemic female, entered the hospital on account of recently developing continuous dyspepsia associated with epigastric distress, weight loss, weakness and anemia. Descriptions of the examination is given, and concludes the findings of an extensive primary gastric cancer.

THE WHOLE TRUTH ABOUT ALCOHOL.—By George Elliott Flint. With an introduction by Dr. Abraham Jacobi. Published by the MacMillan Company, New York, 1919. Price \$1.50.

In quoting a paragraph in the introduction by Dr. Jacobi "This book is a protest against the outrages of pessimistic prohibitionists. The author's statements are based on scientific facts and are presented with an undue courtesy, greater than I ought to have expected from the lack of veracity and unscrupulous inventiveness of resentful rage, which characterize the writings of many ardent prohibitionists whose teachings he refutes."

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No. 1

Original Articles.

THE PRESIDENT'S ANNUAL ADDRESS.*

By E. F. Ellis, M.D.,
Fayetteville.

Gentlemen of the Arkansas Medical Society:

I would indeed be ungrateful if I did not again express to you my deep appreciation for the honor you conferred upon me when you made me your President last year. This honor, I assure you, can only be fully appreciated by those to whom the mantle of the office comes. How different our meeting today from that of last year—a veritable war meeting. The medical profession at that time was being tested in a crucible as it had never before been tested. Everyone was asking himself the question, "Should I enlist at once in some branch of the service, or what can I best do to help win the war?" Thanks to the genuine greatness of its members the medical profession responded as no other class of men did to the "call of the colors." The response to the almost perfect organized efforts of the profession is something that will go down into history as one of the outstanding facts of this the greatest of all wars. The enlistment of 211 M. C. and 1,269 V. M. R. C. men show at a glance the patriotism of its members, and it may be truthfully stated, that of all the County Boards, District Boards, and Medical Advisory Boards, not one of its medical members was dismissed for being a slacker, or doing a dishonorable act in the discharge of his duty to the great State of Arkansas in the military draft. Kind Providence, who in the end made the war gods tire in the awful conflict, has returned most of the gallant men who enlisted in the Medical

Corps, to their homes, their families, and fields of labor. A few have fallen by shot and shell, a few by the scourge of disease; the names of those men should surely be on the honor roll of this Society.

THE AMERICAN MEDICAL ASSOCIATION.

This wonderful organization, under the guidance of the best brains in the profession, deserves its share of credit for results attained in medical war work efforts.

The Journal, the official organ of the Association, was true to the interest of the profession in every way possible. Each week we learned from it all the facts about the mobilization of the doctors from each State, their rank, promotions, etc., as well as all the medical and surgical findings in the war. We all enjoyed the sane and constructive propaganda of the editorials as well as the excellent papers on various phases of medicine and surgery written by the best men in the profession.

Early in the struggle, the wise leaders of the American Medical Association saw the necessity of knowing every physician's capacity, professional, financial and otherwise. Each doctor was accordingly grouped and card-indexed and all these facts were placed at the disposal of the Government in making the selection for commissions in the service. This information was obtained without any bias and was free from any political tricks, which too often militate against best results.

We would indeed be ungrateful if we did not speak a word in praise of the medical men who had to stay at home for physical or other reasons. These men were tried as never before during the terrible scourge of so-called influenza. Their work was never more laborious and was as distinctly dangerous as that on any battle-front. A large number of the towns, and communities of the State, gave up one or more of its valued physicians to this

*President's address before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

awful plague. The Volunteer Medical Reserve Corps showed its loyalty when the call came for its members to go outside the State to help in the combat of the epidemic. Our honored editor of the Journal wired me to find out who would be available for the volunteer work in my part of the State. I at once got in communication with my own town doctors and those of adjoining towns. Every one gladly signified his willingness to go. Several of these men were called. Out of the State as a whole 48 of these volunteers were accepted and four were actually called to other fields. Three of these four came from the community of Rogers, and it has been my good pleasure to hear some of these men relate their experiences. In many communities their services were as graciously received as any act of kindness ever shown to the "unfortunate Belgians during the throes of war. Naturally under the disturbed conditions of war and the epidemic it was hard to keep up the meetings of county medical societies, but even with the gap, the profession stood firm on its former organization and met the desired ends without difficulty.

RED CROSS.

In speaking of the accomplishments of the medical profession one always thinks of the American Red Cross Association. The good done by this organization can never be estimated and even greater service will be rendered during peaceful times in reconstruction and reëducation of maimed soldiers. Since the ideals of this organization and of the medical profession are somewhat the same, the undivided profession should encourage every activity promulgated by this organization. Indeed many physicians under stress of war left their field of already useful activities to help personally in Red Cross work. Dr. Fred T. Murphy, whom I have the honor to call friend, has just returned from France to his professional work in St. Louis. Over there he had charge of all administrative work in France, and was the personal representative of the chief surgeon of the American Expeditionary Force. He had under his direction all medical surgical relief work, not only that of military relief but also of civilian relief such as tuberculosis and infant welfare. Not all of us can be Dr. Murphys, but in other ways we can and must give our support to this great organization. More than ever before we are feeling the power and influence of the

trained nurse, one of the integral parts of the Red Cross Organization. She is a necessity not only on battle fields but back of the lines and at home where famine and pestilence rage. Her heroism in the perils at the front, at dressing and receiving stations, is equal to that of man hardened by the worst exigencies of war. The suffering and pain assuaged could only be equaled by the angels themselves. The scarcity of nurses and the need for their services in the past conflict, reminds us of the necessity of enlarging the production of this valuable class of benefactors. Besides caring for the sick and injured, a vast field is open to the nurse in social service work, which must be done now. No one is better fitted for this work by education and training than she. I would recommend that every hospital in the State, that can do so, arrange with the Board of Education to obtain a charter for a training school. Organize a faculty of competent medical and surgical men for teaching classes of educated and select young women and thereby increase the output of this valuable increment to medical and surgical work.

Reconstruction in this country, judging from the activities of the government department in Washington is to be attacked first from the public health standpoint. Surgeon General Blue states that there should be a public health nurse in every county, and the American Red Cross is preparing to help communities to establish this service. Every Board of Health, every medical association, should be interested. In addition to raising health standards, such an awakened interest will attract girls to a better education and to the nurse's training. Already many counties in Arkansas have a public health nurse. Every physician should see to it that his county and community have such nurses, and he should support in every way possible the Red Cross public health activities. By improving public health standards, he may put himself out of business, but he will have won a passport to a place where doctors do not trouble over people's ills.

Such an awakening to public health and physical perfection should mobilize all the medical, educational, social and political forces of the State of Arkansas. The medical profession can not grow weary in its alertness to every movement for social improvement.

STATE UNIVERSITY MEDICAL DEPARTMENT.

I feel that it is an imperative duty for every doctor in the State of Arkansas to lend his whole support to the assistance of this growing institution. We should make it a school of the "A" class in conformity to the requirements of the Council of Medical Education of the American Medical Association. To do this three things are necessary: First, State aid, that is to say, a money appropriation adequate to maintain the institution; second, the employment of at least eight expert, thoroughly trained professors in the laboratory branches, salaried so that they may devote their entire time to instruction and research work, without which they can not, of course, keep up with the progress being made in their particular branches; third, students in sufficient numbers must attend the school to make the expenditure of money and energy worth while. All of this can be done if we individual doctors will say the word to start the movement, and push hard enough to keep it going.

A few years ago the matter of correlating the work in the science and literary departments, that of the medical department was recommended by this society. The president of the University tells me they have now made arrangements whereby the boy can so arrange his premedical course that he may, after completing two years of university work, enter the medical department, and after completing four years of medical work receive his combined B. A. and M. D. degree at the same time. This alone should be an incentive for the young men of the State to enter the medical department of our great University. If we do not make the Medical School of "A" class, the integrity of our reciprocal relations with other States—some twenty-two in number—must be impaired, or possibly entirely severed, because our graduates do not have advanced standing with other State Boards. This is not said to disparage the work done by the faculty of the medical department. Having been a member of the Board of Medical Examiners for the past six years I have had evidence of the grade of work done by the faculty. A number of graduates from year to year have come before the Board for examination, and it has been a genuine pleasure to me to note the evident improvement each year in the attainments of the graduates turned out by the school. We have every

reason to praise the splendid work done by the Board of Trustees and the individual professors for making this advancement possible with the paltry sum they receive by way of State aid. These men deserve the plaudits of the entire State as well as of the medical profession.

While on this matter of medical education, I must say a word in regard to the State Board of Medical Examiners. Can we not keep up with the progress of other States and arrange to have a one-board law? We should give the homeopaths and eclectics representation on the board, maintaining, of course, a majority of the regular profession. Such a recommendation has been made to the Committee on Medical Legislation, and although the members of this committee were active in their efforts at the recent session of the State Legislature to secure needed legislation in the improvement of the State Board, it is a matter of regret that no legislation was enacted. For the change must come.

THE STATE BOARD OF HEALTH.

If each member of the Society had been fined for every statutory offense in not reporting reportable diseases during the past year, we doubt if any one of us would have money with which to pay income taxes. It has been often stated, we believe with truth, that Arkansas has as good health laws as any State in the Union. Proper observance of them by each physician in the State will beyond doubt make our health conditions better; thereby a happier people and a better civilization may result.

EARLY HISTORY OF MEDICINE IN ARKANSAS.

A word in regard to the history of the early work and workers of the Arkansas Medical Society. It would be a pleasure and a profit to the profession in Arkansas to have this document completed by our much esteemed Dr. L. P. Gibson and his collaborators. It has been a matter of regret to many of us that my best friend, the late Dr. W. B. Welch, could not have taken part in this work, as he, with Dr. Gibson, knew more of the scientific and other work of its members, and of the society in general, than any other man in the society. In searching the records of the Washington County Society, our Secretary came upon the minutes of an 1873 meeting at which a paper was read by one of

the members on the miasmatic cause of malaria. The assertion was made that the cause was some noxious gas from marshy places, etc. In the discussion that followed Dr. Welch had these words to say: "We know the effects of the noxious gases; none of them produce the symptoms or effects of malaria." He was of the opinion that the cause was either a vegetable or animal of low form. This was almost a decade in advance of the discovery of the microorganisms in the red cells of the blood by the French army surgeon. It is due to the advanced thought and work of him, of the late Dr. Hooper, Dr. J. A. Dibrell, Dr. T. W. Hurley, Dr. E. Bentley, and other eminent colaborers, that the medical profession of Arkansas occupies its present high position. I must confess to you that I am proud of the medical men of the Arkansas Medical Society. Its membership, its attainments, and, I might say, stewardship, will measure up to that of any State. In almost every town of any size may be found surgeons, ranking with the best in the United States. In many of the small towns may be found men capable in the use of the microscope to make any kind of laboratory diagnosis. Such conditions did not prevail twenty-five years ago. The early workers in their pioneer work paved the way and made present conditions possible. A well written history should be written to record with truth and honor the medical findings and experience of these heroes.

Now that the dove of peace hovers over the entire world, the returning soldiers are coming back to us with larger conceptions of life because they are viewing it from different angles. They have learned lessons of sanitation, sanitary engineering, and ideas of disease prevention in general—an education of the masses that must be continued by the doctors and medical legislation of this and every other State. The Government is taking a mighty hand in venereal disease control that will result in a most happy condition in so far as the ravages of the venereal diseases are concerned. It is the duty of the individual doctor to elaborate on what has already been done while these virile men are plastic and receptive so that a better civilization will follow after us.

After all, these are for the most part matters that must have earnest consideration by the component county societies. There the deliberation and maturing of plans must be formulated for future building. Therefore,

let us each go back to our homes more determined than ever to make the county society what it should be—first in every move that stands for health and professional advancement, having for its ultimate issue the prevention of sickness and suffering and the general betterment of all mankind in higher conceptions of life.

GERMANY AND THE AMERICAN CHEMICAL INDUSTRY.—The Alien Property Custodian has issued a report which, in part, is devoted to a discussion of the influence which Germany has had on the chemical industry in the United States. It outlines how the German government obtained a practical monopoly in the United States in dyes, fine chemicals and synthetic drugs. The report explains how by-products of the dye-works were converted into explosives—trinitrotoluene, for instance—and the advantage which the production of these explosives gave to Germany as a military power. The report explains that in medicinal chemicals very little real manufacture exists in the United States. The report discusses the ramifications of the "Big Six"—the German concerns which controlled the dye industry—in American industrial life and describes how their American branches were shown to be enemy owned and therefore taken over by the custodian. The "Big Six" were: Badische Anilin and Soda Fabrik, Farbenfabriken vorm. Friedr. Bayer and Co., Aktien-Gesellschaft für Anilin-Fabrikation, Farbwerke vorm. Meister Lucius and Brünning, Leopold Cassella, G.m.b.H., and Kalle and Co. Aktien-Gesellschaft. The American firms were: Badische Co. of New York, Bauer Chemical Company, Bayer and Co. (Inc.), Berlin Aniline Works, Cassella Co., Farbwerke Hoechst Co., Heyden Chemical Works, Kalle and Company, Merck and Co., Roessler and Hasselacher Chemical Company and Synthetics Patent Co. (Inc.). The report closes with a description of a corporation to be known as the Chemical Foundation, Inc., which is to acquire by purchase the German patents which in the past have formed a colossal obstacle to the American dyestuff industry. The Alien Property Custodian has sold to this Company for the sum of \$250,000 approximately 4,500 patents (Jour. A. M. A., April 19, 1919, p. 1176).

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Sixth District—DON SMITH.....	Hope
Seventh District—J. E. JONES.....	Sheridan
Eighth District—ROBERT CALDWELL.....	Little Rock
Ninth District—LEONIDAS KIRBY.....	Harrison
Tenth District—W. H. MOCK.....	Prairie Grove

COMMITTEES

SCIENTIFIC PROGRAM—A. L. Carmichael, Chairman, Little Rock; Robert Caldwell, Little Rock; R. L. Saxon, Little Rock; C. P. Meriwether (ex officio), Little Rock.
MEDICAL LEGISLATION—W. F. Smith, Chairman, Little Rock; J. P. Runyan, Little Rock; Earle H. Hunt, Clarksville.
BOARD OF VISITORS TO THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF ARKANSAS—F. T. Isbell, Chairman, Horatio; C. S. Pettus, Little Rock; M. L. Norwood, Lockesburg.
NECROLOGY—R. H. T. Mann, Chairman, Texarkana; Charles H. Cargile, Bentonville; A. G. Henderson, Imboden.
HEALTH AND PUBLIC INSTRUCTION—C. W. Garrison, Chairman, Little Rock; C. S. Rice, Rogers; J. M. Jelks, Searcy.
SANITATION AND PUBLIC HYGIENE—H. D. Wood, Chairman, Fayetteville; F. T. Murphy, Brinkley; T. J. Wood, Evening Shade.
CANCER RESEARCH—St. Cloud Cooper, Chairman, Fort Smith; T. F. Kittrell, Texarkana; Fred Bolton, Eureka Springs.
FIRST AID—E. E. Barlow, Chairman, Dermott; J. B. Roe, Newark; J. E. Sparks, Crossett.
INFANT WELFARE—H. H. Niehuss, Chairman, El Dorado; F. E. Mahoney, El Dorado; Morgan Smith, Little Rock; O. E. Jones, Newport; A. T. Lowe, Pine Bluff.
HISTORY OF ARKANSAS MEDICAL SOCIETY—L. P. Gibson, Little Rock; William R. Bathurst, Little Rock; C. P. Meriwether, Little Rock.
MEDICAL EXPERT TESTIMONY—L. P. Gibson, Chairman, Little Rock; St. Cloud Cooper, Fort Smith; G. S. Brown, Conway.
PREVENTION OF TYPHOID FEVER AND MALARIA—C. W. Garrison, Chairman, Little Rock; M. L. Norwood, Lockesburg; A. H. Deaderick, Hot Springs; H. Thibault, Scott; O. L. Williamson, Marianna.
WORKMEN'S COMPENSATION AND SOCIAL INSURANCE—William Breathwit, Chairman, Pine Bluff; W. T. Wootton, Hot Springs; H. H. Rightor, Helena; L. Kirby, Harrison.
HOSPITALS—J. D. Southard, Chairman, Fort Smith; R. F. Darvall, Little Rock; M. V. Laws, Hot Springs.

Editorials.

THE PRESIDENT'S RECOMMENDATIONS.

The retiring President's address, delivered by Dr. E. F. Ellis, of Fayetteville, at the Annual Meeting in May, and published in full in the front section of this issue, contains many most excellent suggestions in regard to the public health and the advancement of the medical profession.

The early part of his address was naturally devoted to the work of the profession in the war, both in the Volunteer Medical Corps, and the Medical Corps, and he rightly praised the self-sacrificing spirit which actuated the profession throughout the State. Save to fully indorse what the retiring President said, there is little need for editorial comment.

The valuable suggestions made later in his address, should be met by action to make them effective. First, there is his suggestion that every hospital in the State should arrange with the Board of Education to obtain a charter for a training school, organize a faculty of competent medical and surgical men for teaching classes of educated and intelligent young women, and so increase the available supply of nurses of which there was a great lack, not only for war service abroad, but in the cantonments at home; especially during the influenza epidemic. In this connection, Dr. Ellis quoted the words of Surgeon General Blue, emphasizing that every county have trained nurses. There has never at any time been a sufficiency of trained nurses; but the war brought this fact home to us with startling realization. There is never any telling when an epidemic may occur in any community, and, if preparedness for war is so greatly emphasized, surely it is at least as important that we prepare in times of peace to preserve life and health. Dr. Ellis points out that every physician should make it his bounden duty to see that his county and community have such nurses, and in every way coöperate with and assist the Red Cross in their activities.

Every member of the Arkansas Medical Society will, we feel sure, most heartily indorse the suggestion of Dr. Ellis, that it is his duty to lend his whole-hearted support to the University Medical Department in order to make it in all its departments, a class

"A" school, and to meet the requirements of the Council of Medical Education of the American Medical Association. He emphasizes the urgent need of State aid, without which, liberally appropriated, little can be accomplished. It is unfortunate that for many years our law makers cannot be said to have fully realized the importance, either of the school or of public health measures. Every member of our Society can possibly help in propaganda, whereby the vast importance of health legislation and proper State support of the Medical Department of the University of Arkansas will be impressed on members of both the House and Senate. Dr. Ellis points out the need of employing at least eight experts, thoroughly trained in laboratory work. This, of course, means increased State appropriation, and the only way in which that can be secured, is by educational propaganda among the Legislators themselves.

The suggestion of Dr. Ellis that the personnel of the State Board of Medical Examiners be modified, and a one-Board law be enacted is a good one. It is in harmony with what other States are doing, or have done.

Dr. Ellis touched upon the remissness of many physicians in failing to report communicable diseases.

The matter of compiling the early history of medicine in Arkansas, is of great importance, and it is hoped that the suggestion of Dr. Ellis, that this work already begun, may be completed by Dr. L. P. Gibson and his collaborators, will be acted on.

These are the principal matters we have selected as being fit and timely for editorial comment; but the entire address is well worth perusal and study. And we hope every member will read and profit by it.

UNIVERSITY OF ARKANSAS SCHOOL OF MEDICINE.

THE SCHOOL OF MEDICINE OF THE UNIVERSITY ATTAINS THE HIGHEST RANK.

Pending the establishment of additional clinical facilities, the Trustees of the University have ordered a temporary suspension of the Clinical Departments. On account of such action of the Trustees, the Council of Medical Education of the American Medical Association has advanced the school to grade "A."

Instruction will be given for the present, in the first and second years only. Students

completing the laboratory courses, will be eligible for admission without examination to schools of the highest standing. The faculty has been strengthened by new teachers, and the instruction improved by re-arrangement of curriculum.

The information as to the advancement of the school to grade "A" will be received with universal approval by the profession of the State. There is now no further need of students desiring to study medicine, to leave the State for their medical education. The school deserves the united support of the profession, and it should be the duty of our doctors throughout the State to direct students, having the requisite qualification, to enter their State medical school for their education.

There is no other school in the South better equipped for teaching scientific medicine than the State school. With the low tuition, fifty dollars per session, as fixed by the General Assembly, the advantages now offered by the extended laboratory courses should bring about an increased attendance.

Arrangements are now under way to secure the necessary clinical facilities, and it is confidently expected by those who are interested in the matter, that the clinical departments will be re-opened by the beginning of the session, 1920-21. The Arkansas Medical Society should pull together as one man for the support and elevation of the Medical School.

Personals and News Items.

Dr. C. S. Pettus of Little Rock, has returned from Atlantic City, and New York.

Dr. J. P. Hughes and daughter, of Monticello, visited in Little Rock this month.

Dr. A. P. Owens, of DeQueen, has moved to Texarkana.

Dr. H. H. Niehuss of El Dorado, made an address before the Rotary Club of Little Rock, this month.

Dr. and Mrs. Geo. S. Brown, and their son, of Conway, visited in Little Rock this month.

Dr. and Mrs. W. C. Dunaway, Little Rock, have returned from a recent visit to New Orleans.

Dr. J. B. Dooley, Little Rock, announces a total membership of 117 for the Pulaski County Medical Society.

Jonesboro announces plans for the completion of a seventy-five bed hospital, to cost about \$200,000.00.

Annover, Arkansas, is in need of a good physician. If interested, write Dr. W. L. Hartsell, Warren.

Dr. F. Vinsonhaler, Lieutenant Colonel Medical Corps, U. S. A., has returned from France, and resumed his practice, with offices in the Urquhart Building, Little Rock.

The Southern Medical Association is counting on a large delegation to their Asheville meeting in November. Make your plans now to attend this meeting.

Dr. A. C. Shipp, of Little Rock, was re-elected President, and Dr. L. Kirby, of Harrison, Vice President, of the Arkansas Public Health Association, at a recent meeting, held in Little Rock.

The State Medical Board was re-organized at a meeting at the Capitol Hotel, June 10, 1919. Only one new member was present, Dr. W. H. Toland, of Nashville, who was appointed by Governor Brough, to succeed Dr. F. T. Isbell, of Horatio.

The meeting was attended by Dr. J. A. Bogart, of Forrest City, Dr. T. J. Stout, Brinkley; Dr. O. D. Ward, England; Dr. H. H. Henry, Eagle Mills; Dr. W. H. Toland, Nashville, and Dr. W. F. Smith, Little Rock.

Dr. W. F. Smith, of Little Rock, and Dr. J. A. Bogart, of Forrest City, whose terms also expired, were re-appointed. Dr. Bogart was elected President, to succeed Dr. Isbell, while Dr. T. J. Stout, of Brinkley, was re-elected Secretary, and Dr. E. F. Ellis, re-elected Treasurer.

IN FRENCH.

A savoir faire mam'selle,
Who was known as the Marseillaise belle,
Was asked for a kiss
By a soldier named Bliss,
And she told him to gaux straight teaux helle.
—*Pelican.*

Sisters of Nazareth will have charge of the \$100,000.00 hospital to be erected in Helena. The Catholics will provide \$60,000.00, while the Helena people will be required to raise the balance of \$40,000.00. The structure is to be four stories, and will be equipped with hospital appliances of the most modern design.

"Preparations are being made by Armour and Company, to open their other plants in various parts of the country, so that a trip through a packing plant, which is an educational one, will not just be limited to Chicagoans or visitors to Chicago, but to people in fifteen different parts of the United States, where Armour and Company have packing plants. Uniformed guides are in attendance to explain the various interesting things to be seen."

Be a Booster! Take an application blank to your friend or neighbor who is not a member of your County Society, and tell him about your meetings—tell him about the State Society and its Journal, show him what he is missing. Then get him to sign the application, and you hand it to your Secretary.

Be a Booster. There are five hundred physicians in the State who should be members that are not. You can help secure their affiliation if you will BE A BOOSTER! DO IT NOW!!

The fortieth annual commencement exercises of the Medical Department of the University of Arkansas, were held at the old Statehouse, Wednesday afternoon, June 4. The following students of the senior class, having passed successfully all examinations, received their diplomas: Marion Frank Dickinson, William Edward Gray, Paul Leo Mahoney and Nicholas Frederick Weny, of Little Rock; Safford Anthony Hjelte, of Oakland, California; Ralph Aregood Law, of Philadelphia, and Henry Van Hoozer Stroupe, of Paris.

The degree of bachelor of science on medicine, was conferred upon Charles Hartzell Lutterloh, of Jonesboro, and David Perry Proctor, of Carlisle. This is the first instance of the conferring of the bachelor of science degree on students in the Medical School, under the new rules of the University.

Addresses were made by Governor Brough, and W. H. Rector. Governor Brough is ex-officio chairman of the Board of Trustees of the University. President John C. Futrall, of the University, conferred the degree of bachelor of science and of doctor of medicine. Dr. Morgan Smith, dean, presented to N. F. Weny, the gold medal, awarded by the Arkansas Medical Society to the student receiving the highest general average in all subjects, during the four years' course.

There was music by Kuttner's orchestra.

"The duty of the private practitioner is to make promptly all the reports which the law requires. He is neither a good citizen nor a trustworthy physician if he neglects these duties. This especially means prompt and full records of births and deaths, and of every case of communicable disease. Communicable disease cases should frequently be reported before a sure diagnosis can be made. Cases of suspected diphtheria, typhoid, measles, and many other diseases should be reported as "suspected," as early as possible. Efficient prevention often depends upon very early notification. Sometimes, physicians have sought to excuse their neglect to report on the ground that they did not know. Courts have held them inexcusable in such cases on the ground that they should have known. Such a plea in defense of criminal charges, may serve as the basis of a suit in damages by civil action."

In addition to those mentioned the last two months the following Arkansas physicians have recently received their honorable discharge, Medical Corps, U. S. Army, and have resumed their practice in their respective homes:

W. S. McCall, Barfield; E. C. Moulton, Fort Smith; J. A. King, Mellwood; M. Allen, O'kean; C. W. Antoine, Prescott; J. L. Smiley, O. C. Struthers, Siloam Springs; P. C. Williams, Texarkana; R. H. Bryant, Bauxite; G. L. Henderson, Greenbrier; R. C. Kory, Little Rock; R. R. McHenry, Rogers; A. D. Cathey, Wilton; W. H. Abington, Beebe; A. C. Kolb, Hope; A. Isom, Dumas; W. K. Smith, Hot Springs; H. B. Henry, N. Mumey, Little Rock; J. S. Wilson, Relfs Bluff; W. D. Lassiter, Beirne; A. R. Hederick, Booneville; A. G. Kelly, DeWitt; F. C. Maguire, Gregory; O. H. King, Hot Springs; R. M. Eubanks, A. G. Hearn, Little Rock; G. A. Brooks, Marvell; W. J. Seddan, Osceola; L. Wallin, Pine Bluff; H. P. Ledford, Seyppel; W. H. Bruce, El Paso; A. L. Mobley, Little Rock; W. R. Harwell, Osceola; T. Wilson, Proctor; W. H. White Richwoods.

STEVENS' CONSUMPTION CURE.—C. H. Stevens, a discredited London quack, has been attempting to exploit Canadian veterans at the Mountain Sanatorium for the treatment of pulmonary tuberculosis at Hamilton, Ont. The nostrum was claimed to contain "Umckaloabo root" and "Chijitse," but the analysis made for the British Medical Association

showed it to contain no active drugs except alcohol and glycerin. The following is a brief history of this "cure": In 1904 Stevens was selling "Sacco" in Capetown, South Africa, but got into the courts and found it expedient to leave Capetown. In 1906, Stevens was in Johannesburg trading as the "South African Institute of Medicine" and selling his stuff as "Lungsava"; was twice convicted of violating the law and left for England. In 1907, Stevens was in London selling his "cure," and in 1910 was declared by the courts to be guilty of intentional fraud and his "cure" pronounced a quack remedy. In 1915, Stevens' "cure" appeared in the United States under the name of "U. C. Extract" exploited by the Umckaloabo Chemical Company of New York City. Today, Stevens is attempting to exploit tuberculous Canadian soldiers who have acquired the disease in the service of their country (Jour. A. M. A., April 5, 1919, p. 1018).

ANNUAL MEETING OF THE COUNCIL ON PHARMACY AND CHEMISTRY.—Among the subjects considered at the recent meeting were: The Council decided to publish at an early date a report on the unscientific and commercial propaganda for nonspecific protein therapy. The Council appointed a committee to study the problems of serum and vaccine therapy with a view of publishing the evidence obtainable regarding both the value of, and also the dangers incident to, the use of serums and vaccines. A special committee was appointed to report on the present status of pollen extracts in the prophylaxis and treatment of hay fever. The Council adopted a resolution urging legislation which shall require the Public Health Service to extend its control of serums, vaccines, toxins and antitoxins to cover other patent remedies that are used hypodermically or intravenously. The Council passed a resolution that the control of arsenamine by the Public Health Service shall be continued and the price controlled by the government. The Council decided to describe in a separate section of New and Nonofficial Remedies proprietary preparations of therapeutic value which are so exploited as to be inadmissible to New and Nonofficial Remedies. A committee was appointed to establish fuller co-operation between teachers of therapeutics and pharmacology in medical schools and the Council. A committee was appointed to determine the present status of radium water therapy (Jour. A. M. A., April 26, 1919, p. 1243).

PROCEEDINGS OF THE
FORTY-THIRD ANNUAL SESSION
OF THE
Arkansas Medical Society

Little Rock, May 20, 21, 22, 1919

HOUSE OF DELEGATES.

FIRST DAY.

The House of Delegates was called to order by the President, Dr. E. F. Ellis, at 9:30 o'clock a. m.

Dr. J. B. Dooley, on behalf of the Pulaski County Medical Society, delivered the address of welcome.

ADDRESS OF WELCOME.

Mr. President and Members of the House of Delegates of the Arkansas Medical Society:

It gives me pleasure, on behalf of our medical society, the largest one in the State, and one of which we are somewhat proud, to welcome this House of Delegates of the Arkansas Medical Society at this, its Forty-third Annual Session. You frequently meet with us, and it gives us great pleasure to meet our old-time friends, our associates and acquaintances. I believe and feel sure that you will all enjoy coming back to see us again every two or three years, as has been your wont and habit for a long while, and I hope it will continue to be so, to renew former acquaintances, strengthen our ties of friendship, to consult together in our ideas and thoughts in regard to the practice of medicine, and to go away feeling better and strengthened and improved and better fitted to meet our daily task and walk in our professional life. I do not know what further I can add. A great many of you—in fact all of you—feel well acquainted here. Every one of you probably have friends here; quite a number of you have gone to school here to our old University of Arkansas Medical Department. In fact, our profession in this city and in this county is built up very largely and recruited, as in other walks of life, from other portions of the State. Some of our leading men here have left your portions of the State, different counties, and have come here and associated themselves with us, and have risen in their profession to a very high degree, indeed. So, we feel that you are not strangers, that you do not need any special welcome. So, I will simply state that we certainly do welcome you most cordially and hope that this meeting will be a very profitable one, a very enjoyable one, and one of such depth that, in the due course of time, whenever you see fit, you will be very glad and very anxious to come back here again, and you certainly will be welcome any time that you care to come.

Dr. Ellis: I will appoint on the Credentials Committee Dr. E. G. McCormack, of Washington County; Dr. A. L. Carmichael, of Pulaski County, and Dr. D. A. Pelton, of St. Francis County.

REPORT OF CREDENTIALS COMMITTEE.

Dr. Pelton: The Committee on Credentials will report that the credentials of all that are present are regular. There are some counties whose credentials are here, but the representatives are not here, and those things we will have to take up a little later, as the members of those medical societies show up.

The roll was called, and there was a quorum present, and the House of Delegates proceeded to business.

Dr. Ellis: The next order of business is the reading of the minutes.

Dr. Meriwether: The minutes have been printed.

Dr. Eberle: I move that the reading of the minutes be dispensed with. Seconded. Carried.

Dr. Ellis: The next order of business being the appointment of a Reference Committee, I will appoint on that committee Dr. J. G. Eberle, of Sebastian County; Dr. R. C. Door, of Independence County, and Dr. L. Kirby, of Boone County.

PRESIDENT'S ADDRESS.

Members, House of Delegates, Arkansas Medical Society.

GENTLEMEN—I am sure it is with a heart full of gratitude that we gather here today in annual session. After the horrors of a world war and the awful influenza scourge in which most of us took an active part, it is with a feeling of great thankfulness that we meet at this particular time under new conditions, which herald the dawn of peace. It is also fitting that at such a time we should meet in the City of Roses, which at this season of the year is always teeming with fragrance and beauty. The profession of Little Rock has always extended us a most cordial welcome, and the city itself forms in many ways the very center of our professional interests. It is indeed with pleasure that we express our thorough appreciation of the advantages thus accorded us and of the courtesies rendered us by its medical gentlemen.

In the audience before me I recognize the leading medical men of this State. As usual, the Medical Society has many difficult problems for consideration, and upon these men must fall the peculiar task of solving them. It is clear from the character of the representatives present that the component societies

of the State have made no mistake in their selection of delegates to this meeting.

Our Constitution and By-laws, as they now are, seem to me to meet all the requirements of present medical needs. One matter, however, which I wish to submit for your consideration—a matter of vital concern to every member of the Society, especially so to those having surgical proclivities—and really to the general practitioner as well—is the advisability of inaugurating a Medico-Legal Defense Association, managed by the State Medical Society for the protection of its members against blackmail and suits for alleged malpractice. This is being done in a number of States at a minimum of cost to its members. I believe the time is now right for our Arkansas Medical Society to begin this movement.

I have here letters from Dr. F. B. Tibbals, Chairman of the Executive Committee of the Medico-Legal Society of Michigan, and from Dr. C. L. Stevens, formerly Secretary of the Medical Society of Pennsylvania. Dr. Stevens says that an annual average of one per cent of the members are either sued or threatened with suit for malpractice in that State. For this reason an annual retainer is paid to the general attorneys engaged by the society, and a fee of fifty dollars per day is also allowed them for time spent in court. The defense of each member is thus made most thorough. In both States the costs of the trial are paid by the Medical Society, but no indemnity is allowed if the decision is adverse to the defendant. Although the annual dues are less than one dollar, it is clear that because of the coöperation of the local doctors, the defense in these cases is much stronger than that afforded by any insurance company. In fact, whether or not a suit is prosecuted successfully depends largely upon the attitude and efforts of the local physicians. Great care is therefore taken not to enter into the defense of any member, who, after investigation, is believed to be guilty of criminal abortion, feticide, homicide, or any criminal act, or who has not conformed to the recognized ethical laws in regard to these cases.

Indeed, a member can only be successfully defended when the facts and the law are in his favor. It is clearly the duty of each member to know the law and to so safeguard his practice that the facts are favorable to him if he is called upon to defend his conduct. He must, of course, have sufficient medical knowledge, be up in diagnosis, and render proper treatment in each case. Briefly stated, he is liable for negligence and for incompetence, but not for mere errors or mistakes. Again, he is not liable for imperfect after-results, provided he possesses the usual medical and surgical knowledge to be found in his community, and follow up his case with proper after-care.

Of considerable importance is the fact that he must coöperate with his fellow-workers, for they should be willing to commend his work in private, and to support him in public if he is brought to trial. In the first place, before the Society will undertake his defense, his application must be indorsed by unanimous vote of all the censors of his county society called in special meeting. This indorsement carries with it not only moral support, but also active participation in the conduct of the trial without pecuniary return. In the second place, the Society will not be responsible for attorneys' fees incurred in the defense of any member, unless his application has been approved by the councilor of the district in which he lives. Third, management of the defense will rest with a committee of the Council consisting of the Councilor of the district, the President and Secretary of the Society. Thus, it will be seen that the Society will tend to bring about hearty coöperation among its members, to weed out the incompetent, and to serve the best interests of the community and the profession. Clearly enough it is not a good thing for

the medical profession to bring upon itself the stigma of incompetence or submit freely to blackmail. If for no other reason than this alone, the Society should furnish a strong defense, unless convinced on legal grounds that such action is next to impossible. Lastly, it seems to me that the Defense Association should be a good investment. Certainly it would so influence the individual members that each one would become more careful in his work, more responsible for his mistakes, more amenable to the desires of the community, and more zealous in the support of the ethical standards of the profession and in maintaining the highest social influence of the profession. With this explanation, I shall leave the matter for you to dispose of as you see proper. Each of us has many duties to perform at this meeting, but I have long since learned that the man who attends the Arkansas State Medical Society can be depended upon to perform his duties both at our State meetings and at his home as well. I thank you.

Referred to the Reference Committee.

Dr. Ellis: The next order of business is the report of committees. The first committee is the Committee on Scientific Program, Dr. Carmichael, chairman.

REPORT OF COMMITTEE ON SCIENTIFIC PROGRAM.

Dr. Carmichael: Mr. President and members of the House of Delegates: This committee hasn't any report to make further than that the program was completed with what we considered a sufficient number of papers to fill the three days.

Dr. Ellis: The next is the report of the Committee on Medical Legislation, Dr. W. F. Smith, chairman. Dr. Hunt, are you ready?

Dr. Hunt: No, we are not ready.

Dr. Ellis: We will pass that, then, and take up the report of the Committee on Necrology, Dr. Mann, chairman, Dr. Cargile, and Dr. Henderson. Dr. Henderson, are you ready?

Dr. Henderson: No, we are not. We depend usually upon the chairman to do that, and I have not attempted to make a report.

Dr. Ellis: We will defer that for future consideration. The next is the Committee on Health and Public Instruction, Dr. C. W. Garrison, chairman. Dr. Garrison not being here, that committee, I suppose, will want more time. The next is the report of the Committee on Sanitation and Public Hygiene, H. D. Wood, chairman.

Dr. Meriwether: I have Dr. Wood's report here. If it is the will of the House of Delegates, I will read it.

Dr. Hunt: I make a motion that we read it in the Journal next summer.

Seconded. Carried.

Dr. Meriwether: The Reference Committee will have to read it in order to be able to accept it.

(This report will be printed in the July issue as part of the minutes of the Annual Session.)

Dr. Ellis: The next is the report of the Committee on Cancer Research, Dr. St. Cloud Cooper, chairman. None of the members of that committee being present, we will pass that. The next is the report of the Committee on First Aid, Dr. E. E. Barlow, chairman.

Dr. Barlow: Our committee hasn't any report to make. I haven't any information on this subject at all. I wrote a number of societies and journals, and wrote Dr. Bloodgood, of Baltimore, who was secretary of the First Aid organization, and he said that that organization had been abandoned, and he had no information at all to give me. That is about the extent of our report.

Dr. Bathurst: I move that this committee be discontinued, if it is in order.

Dr. Ellis: Entirely?

Dr. Bathurst: Yes.

Seconded. Carried.

Dr. Meriwether: At this time I would recommend that the Committee on Health and Public Instruction and the one on Sanitation and Public Hygiene be consolidated. Those two committees are practically the same thing, and we never have two reports from those two committees.

Dr. Ellis: What is the will of the House of Delegates?

Dr. Kirby: I second the motion. Carried.

Dr. Meriwether: I suggest that we leave it as the Committee on Health and Public Instruction.

Dr. Ellis: The next is the Committee on Infant Welfare, Dr. Niehuss, Chairman. None of the members of that committee being present, we will pass that. The next report is that of the History of the Arkansas Medical Society, Dr. L. P. Gibson, chairman. None of the members being present, we will pass that. Dr. Gibson, being chairman of the Committee on Medical Expert Testimony, we will pass that. The next is the Committee on Prevention of Typhoid Fever and Malaria, Dr. Garrison, chairman.

Secretary: I suggest that that be deferred, because Dr. Garrison has a report to make, but they have a meeting this morning of the county health officers.

Dr. Ellis: There is one committee that I overlooked, and that is the Board of Visitors

to the Medical Department of the University of Arkansas, Dr. F. T. Isbell, chairman.

Dr. Isbell: We hope to be able to make a report today.

Dr. Ellis: The next is the Committee on Workmen's Compensation and Social Insurance, Dr. William Breathwit, chairman. The next is Committee on Hospitals, Dr. J. D. Southard, chairman. I know that he has his report.

REPORT OF COMMITTEE ON HOSPITALS.

The hospital situation at the present time seems to be in a transition stage. The American College of Surgeons has suggested the standardization of hospitals throughout the country, and the problem has been, and is being, discussed pro and con by other organizations who have criticised the proposed plans and offered suggestions, but as yet nothing definite has been decided upon except that improvement of methods and equipment is necessary, especially for our smaller institutions. Various industrial organizations are and have been for some time knocking at the hospitals' doors for admission of their members at reduced rates where they can be treated by their company doctor also at reduced rates. In some instances they have been accommodated, with what satisfaction to themselves and to the hospitals we do not know. This feature of the hospital situation is more or less tied up with the contract practice and industrial insurance problems, all of which are yet in an unsettled condition, but we think radical changes along these lines may be looked for in the near future which I greatly fear will not redound to the best interests of the medical profession.

The council on Medical Education of the American Medical Association has very recently issued, after a very extensive correspondence with the hospital managements throughout the country, a provisional schedule of essentials in hospitals, the main purpose of which is the better and more satisfactory training of internes, from which I quote briefly as follows:

"1. THE STAFF OF THE HOSPITAL.

"1. There must be an organized staff.

"2. Staff physicians should be men of unquestionable integrity both professionally and morally.

"3. They should be proficient in the special fields in which they work in the hospital.

"4. They should assume an obligation to direct and supervise the training of the internes admitted to the staff.

"5. A staff clinical conference should be organized and held at regular intervals—at least quarterly.

"2. THE EQUIPMENT OF THE HOSPITAL.

"1. A properly equipped pathological department with facilities for necropsies, and a clinical laboratory in charge of an expert, equipped to make bacteriological, serological, and tissue examinations, as well as examinations of blood, urine, feces, and gastric contents.

"2. A roentgen-ray department in charge of an expert roentgenologist and equipped to do skiagraphic, fluoroscopic and therapeutic work.

"3. A working medical library containing a fair supply of modern standard text and reference books and the better medical journals.

"4. Adequate provision for the housing and recreation of internes.

"3. RECORDS.

"1. Complete histories should be taken, giving the patient's complaint, physical examination at time of admission to hospital, laboratory findings, description of operation if any, daily record of case, condition and date when discharged from hospitals, and results, and, in case of death, autopsy findings if autopsy is performed. These records should show, by signature or initials, the persons writing the histories or parts thereof, thereby showing the work of the intern and the supervision over it by members of the attending staff."

There is no doubt but that the hospital is assuming and is destined soon to occupy a place of greater importance in every community than ever before. The executives will be educated and specially trained for their work as the nurse is for her work.

Questionnaires were sent to twenty-six hospitals, twenty-two of whom responded as follows:

St. Edward's Infirmary, Fort Smith, Ark. Sister Mary Rita, Superintendent. Bed capacity, private rooms 12, ward beds 30. Patients during 1917, 663. During 1918, 626. 41 babies born in 1917 and 60 in 1918. Has a chartered training school, five nurses now in the first year and six in the second, total 11. Nurses enter training in spring and fall, and have a preliminary training of two months. Three nurses graduated in 1917 and three in 1918. Thirteen graduated nurses were in active Red Cross service during the war.

St. John's Private Hospital, Fort Smith, Miss Mary Redmond, Superintendent. Bed capacity, private rooms 17, ward beds 28. Daily average 22. Hospital days, 1919, 14,844. Eighteen babies born during 1917-1918. Five nurses in training in first year and seven in the second, total 12. Two nurses graduated in 1918. The training school was started only two years ago. Training school is chartered.

Sparks Memorial Hospital, Fort Smith. Menia S. Tye, Superintendent. Bed capacity, private rooms 24, ward beds 76. Daily average 46. Number of hospital days, 1918, 16,779. Fifty babies born during 1918. Seventeen nurses training in the first year, six in the second, three in the third, total 25. They enter training in the spring and fall with preliminary training of one month. Three nurses graduated in 1917, nine in 1918. Twenty nurses were in active Red Cross service during the war. Training school is chartered.

Pulaski County Hospital, Little Rock. Dr. C. S. Pettus, Superintendent. Bed capacity, private rooms 20, ward beds 175. Daily average 132. Hospital days 48,080. Twenty-nine babies born during 1917-1918. Three nurses are in training in the first year, seven in the second, two in the third, total 12. There were two nurses graduated in 1917 and three in 1918. Several served in Red Cross work during the war. Is not chartered.

State Hospital for Nervous Diseases, Little Rock. Dr. C. C. Kirk, Superintendent. They have ward beds for 1,600. No appropriation was made for a training school for nurses. In its place we have established a training course for attendants and nurses, which is not so complete as a training school for nurses would be. However, this course includes all of the practical points necessary in the treatment and care of mental disorders. All nurses and attendants are required to take this course, while with the training school for nurses it is impossible to have more than a small percentage of employees take the course as the majority of them fail to remain in the institution long enough to complete it. We have trained nurses in charge of our hospital wards and our hydro.

Logan H. Roots Memorial (City) Hospital, Little Rock. Dr. Milton Vaughan, Superintendent. Bed

capacity, private rooms 8, ward beds 75. Daily average is 45. Thirty-six babies born during 1917-1918. Eight nurses are in training in the first year, four in the second, total 12. Three nurses graduated in 1917, and four in 1918. Nine were in active Red Cross service during the war. Training school is chartered.

St. Mary's Hospital, El Dorado. Annie Bumyer, Superintendent. They have no training school. Bed capacity, private rooms 10, ward beds 12. Daily average 10. Five babies born during 1917-1918.

Paragould Sanatorium, Paragould. Mrs. P. L. Dickson, Superintendent. Bed capacity, private rooms 9, ward beds 15. Daily average, 12. Fifteen or twenty babies born during 1917-1918. Ten nurses are in training in the first year, ten in the second, and ten in the third. Five nurses graduated in 1917 and two in 1918. Seven were in active Red Cross service during the war. Training school is chartered.

Arkansas Tuberculosis Sanatorium, Booneville. Dr. John Stewart, Superintendent. They have no training school. Bed capacity, ward beds 140. Daily average 136.

City Hospital, Fayetteville. Ruth Riley, Superintendent. Bed capacity, private room 8, ward beds 22. Daily average 25. Thirty-six babies born during 1917-1918. Seven nurses are in training in the first year, four in the second, total 11. Three graduated in 1917. Six were in active Red Cross service during the war. Training school is chartered.

Crossett Hospital, Crossett, Ark. J. E. Sparks, Superintendent. Training school has been discontinued. They employ two graduate nurses. Twenty-three babies were born during 1917-1918.

Leo N. Levi Memorial Hospital, Hot Springs. Regina H. Kaplan, R. N., Superintendent. Bed capacity, private rooms 2, ward beds 75. Daily average 60. Four nurses are in training in the first year, eight in the second, total 12. They start training at any time and have preliminary training of three months. Three graduated in 1917 and four in 1918. All the graduated pupils were in active Red Cross service during the war. Training school is chartered.

Algoma Sanitarium, Hot Springs. M. Agnes Maelally, Superintendent. Bed capacity, private rooms, 18. Daily average is 15. Ten babies born in 1918. One nurse is in training in the first year and three in the second. Training school is chartered.

St. Joseph's, Hot Springs. Sister Mary Scholastica, Superintendent. Bed capacity, private rooms 93, ward beds 14. Daily average 73. Thirty-one babies born in 1917-1918. Six nurses are in training in the first year, six in the second. Eight nurses graduated in 1917 and three in 1918. Ten were in active Red Cross service during the war. Training school is chartered.

Dorr-Gray and Johnston Sanitarium, Batesville. Has no training school. Bed capacity, private rooms 8, ward beds 6. Daily average 4. Six babies born during 1917-1918.

Cotton Belt Hospital, Texarkana. Clara S. Weary, R. N., Superintendent. They have no training school at present but intend to have one in the near future. Bed capacity, private rooms 47, ward beds 120. Daily average during 1917-1918 73-67.5.

Paris Hospital, Paris. Dr. J. J. Smith, Superintendent. Bed capacity, private rooms 14. Daily average 6. Two nurses are in training in the first year. No training school.

Davis Hospital, Pine Bluff. Mrs. Maude Horner, R. N., Superintendent. Bed capacity, private rooms 28, ward beds 30. Daily average 25. Ten babies born during 1917-1918. Seven nurses now in training. Training school is chartered.

Helena Hospital, Helena. Miss E. C. Bolls, Superintendent. Bed capacity, private rooms 24, ward beds

21. Daily average 25. Thirty babies born during 1917-1918. Six nurses are now in training in the first year. Two graduated in 1917. Training school is chartered.

St. Luke's Hospital and St. Luke's Hospital Annex, Little Rock. J. P. Runyan, M. D., Superintendent. Bed capacity, private rooms 100, ward beds 25. Training school is chartered. Eight nurses are in training in the first year.

Sebastian County Hospital. M. J. Miller, Superintendent. Bed capacity, ward beds 60. Daily average 57. No training school.

Little Rock Sanitarium. Mrs. W. C. Green, R. N., Superintendent. Bed capacity, private rooms 50. Daily average 50. Twelve babies born during 1917-1918. Six pupil nurses in training in the first year, ten in the second year. Training school is chartered. Six nurses graduated in 1917 and seven in 1918. Nine nurses were in active Red Cross service.

Totals for State: Private rooms 567. Ward beds 1,014. Daily average 800. Hospital days in 1918, 234,572. Babies born in 1918, 374. Training schools chartered 14. Pupil nurses in training, first year 96; second year 71; third year 15. Nurses graduated in 1917, 40. Nurses graduated in 1918, 44. Nurses in active Red Cross service during the war, 84.

Dr. Ellis: The next is the report of the Chairman of the Council, Dr. J. M. Lemons.

REPORT OF CHAIRMAN OF COUNCIL.

Mr. President and Gentlemen of the Arkansas Medical Society:

A year ago, when we organized our work, every man's blood was at boiling point. We were then in the thickest of the fight in the world's war. Our men everywhere were engaged in work incident to the world's war, and with that one thought in mind. A number of our men were serving on boards of the Government, to see whether we had men that were physically able to participate in this world's war. Therefore, we were all up in arms, so to speak. About that time there was an order given or, rather, sent out over the country wanting to know who would volunteer, not only our fighting men, but our medical men of America, and, as you well know, the response was satisfactory indeed. Every man, I suppose, to a man, as far as I know, said, "Here am I. Use me. I am at your service."

In regard to the Council, we as the Council have nothing special to report. As far as I know, everything has moved along nicely in regard to medicine in the State of Arkansas. It is true that there were quite a few of our country societies that were not having any meetings. They were torn up or disorganized on account of the war; but, as this world's peace is now about to become a reality, we trust that it will not be long until the peace treaty will be signed, and there will be no more war, and that we shall all be ready to do our duty at home. So, we are trusting and hoping that the Arkansas Medical Society will be in a better condition in the future than it has ever been before.

At this time we have something like three hundred members more than we had last year. So, I think that we should be encouraged to go on in our work and you men who are councilors from the various districts, I plead with you to do what you can and to assist us in every way that you possibly can in order to create a better attendance in our county societies.

I want to say just here that I have never yet been to a county society but that I have learned something. I feel this about it, that any man who has had any experience at all, he certainly has some ideas that are worth something to me. Therefore,

let's each one attend our medical societies, and, if we have any knowledge, let us divide it with our fellow-men. You know we, as a medical profession, are the most unselfish set of men there is, I presume, under the sun. It makes no difference which one of you doctors happens to "stumble on to something" that you have had success in, in treating influenza, typhoid fever, malaria, chicken-pox or whatever else it may be, you are willing to tell your fellow practitioner about it. Therefore, go into the medical societies and let's have our knowledge divided up.

We are glad to be here at the Capital of our State. We all take a great interest in our Capital. I just want to pause here—it really doesn't come in in the report, you might say—but I understand that the good women of Little Rock have got their heads together and they say that the Old State Capital grounds must not be in the dilapidated condition in which they are now. Therefore, as your President said in his address, they aim to make these grounds the rosy spot of the great State of Arkansas.

Dr. Ellis: The next is the report of the Delegates to the American Medical Association.

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Dr. Meriwether: Dr. Wootton was to make this report, but he has recently been called out to New Mexico. Of course, a year ago, at the meeting of the House of Delegates of the American Medical Association, the thoughts of everybody and everything were on the war; and practically everything that was done had a tendency along war lines. It was to increase the Medical Corps of the Army in every way possible. But, there has been some misunderstanding, or the profession at large really does not know just what the American Medical Association did in this war work. According to the report a year ago there were 80,248 doctors who were members of the American Medical Association. That is, these were men who were members of component county medical societies. When a man becomes a member of his county society, he automatically becomes a member of the State Society, and he automatically becomes a member of the American Medical Association.

Delegate: Is that true? I do not think so.

Dr. Meriwether: Yes, I will explain. A man is a member of the American Medical Association in view of the fact that he is a member of his component county medical society. Now, they have what they call Fellows of the American Medical Association. A man to be a Fellow of the American Medical Association must pay five dollars dues and the subscription to the Journal. Now, we had 44,715 Fellows of the American Medical Association; one-half of the members are Fellows of the American Medical Association. The facilities of the American Medical Association were placed absolutely at the disposal of the War Department. They have a card index record of every medical student in the United States, which shows their preliminary education, the medical schools at which they are at present attending, etc. Now, they have been gathering this data for the past seven years so that every medical student that has matriculated in the United States in the past seven years, they have a complete record of. Then, they have a biographic card index of physicians, which gives, in addition to the student record, information concerning schools of graduation, licenses held, hospitals in which they have served as internes, and places at which they have engaged in the practice of medicine. They have a record of the membership of recognized medical societies and associations as well

as the names of those who have registered in the various sections of the scientific assembly of the American Medical Association. Then, there is a record of information regarding the specialty in which each physician is interested or to which he lends his practice. This information is submitted by statements from the physicians themselves regarding their specialty. Then, they have a personal file, kept in envelopes, which contains a vast amount of personal information concerning the physicians. This is in the form of newspaper clippings. Every special notice that appears in your county newspaper, some special something that you have done, they get; some of them are, no doubt, not very pleasant for the doctors themselves, but they have all of those records. They keep them all in this envelope.

They have a most complete file in the propaganda and reform department, which contains a complete list of all quacks, irregular practitioners, cults, pathies, and everything of that kind. These records are kept right up to date. You can get any information from the American Medical Association on practically any doctor, if you have sufficient reason and authority for seeking it.

The American Medical Association, at its last report, showed a total revenue for the year prior to the last annual meeting of \$318,487.00. \$264,996.00 of this was income from the Journal.

Now, a few years ago the American Medical Association started a coöperative medical advertising bureau in order to help out the State Journals. The work of this bureau has been very satisfactory. When it was started in 1915, the bureau cost the American Medical Association \$708.00. That was the actual cost to them, in addition to a small percentage that they got from the State Journals for securing that advertising. In 1916 their cost was \$220.00. Last year the Journal made \$900.00 out of this work, which three years before they started at a cost to them of \$708.00, and last year their income was \$900.00 from this work of securing advertisements for the State Journals.

Now, during the past year the following cases have been disposed of, suits brought against the American Medical Association for writing up quacks, patent medicines and things of that kind:

James J. Meyer sued the American Medical Association for \$100,000.00—that was Meyer and Waterman and Hein, physicians—as a result of the exposure by the Journal of the American Medical Association of the Friedman consumption cure. When the A. M. A. disposed of that proposition, they sued the company for \$100,000.00.

The Organic Chemical Manufacturing Co. sued the American Medical Association for \$100,000.00. Summers sued them for \$100,000.00. And then Waterman sued for \$100,000.00, and Hein sued for \$100,000.00, and Meyer sued. These all grew out of the Friedman consumption cure.

Now, of course, we all know about the old long-drawn-out affair of G. Frank Lydston v. American Medical Association. That was settled last year, and settled favorably to the American Medical Association.

To show you what the American Medical Association did in its war work, they printed and sent out 200,000 applications for the Medical Corps of the Army. They also had a manager assigned from the Surgeon General's office, who stayed in Chicago and sent out letters, and no doubt many of you remember his asking you to make application, and sending you a card, or asking you when you would apply. The American Medical Association did all that printing, and furnished all of the clerical work and everything of that kind, to the Government.

The total assets of the American Medical Association, including their buildings and everything, at

their last report, was \$599,986.00, or practically \$600,000.00.

The House of Delegates of the American Medical Association is very much like our United States Senate. A man has to be there a good while and get acquainted before he has any influence, or before he can do anything at all. The Eastern States and one or two of our Southern States, Texas and Louisiana, have been sending their same delegate there year after year. They are a fine bunch of fellows when you get to know them.

Now, Dr. Wootton and I, had we known before we left Arkansas that Hot Springs would have been an applicant for the meeting of the American Medical Association last year, we would have had absolutely no trouble to have brought it to Hot Springs. We were approached on Monday, after the House of Delegates were in session, and asked to put Hot Springs into the race. We had no authority to do so. Dr. Wootton immediately wired the Chairman of the Board of Commerce and the Hotel Men's Association, and it was Wednesday night before we got our stuff all ready, and the election took place Thursday morning at 8:00 o'clock, but they only beat us a few votes with Atlantic City. Had we been prepared when we went there, we would have had absolutely no trouble in bringing the A. M. A. to Hot Springs. The Board of Trustees have to investigate and make a report as to whether or not the city has sufficient hotel accommodations and facilities for entertaining the American Medical Association, and they reported favorably on Hot Springs.

Now, I don't know how it is going to be this year. I don't know whether Hot Springs is going to ask for it or not. I don't know whether the time will be ripe to ask for it at this time. It involves a great loss of time for the men from the West, California, Oregon, Washington and other States, to make the trip to Atlantic City, but it is a kind of unwritten law for the A. M. A., very much like it is with the Arkansas Medical Society, that they go to Atlantic City about every second year, and they go to some other place in the interval.

Dr. Ellis: The next is the Secretary's report.

SECRETARY'S REPORT.

Dr. Meriwether: If you will remember, last year we had a very favorable report regarding the finances of the Society, but a very poor report as to membership. Our report a year ago showed that we had a membership of 754, the lowest number of men who had paid their dues up to the Annual Meeting since the reorganization and the membership brought up to the strength that it has been for the past eight years. The largest membership that we had had at an annual meeting heretofore was 862; and, 754 was the smallest. This year we have to report 1,011 members (applause) who have paid their dues and are in good standing in the Arkansas Medical Society. And we have two counties that have failed to make a report this year, Woodruff and Clark, which, I believe, will both report sometime during the year. We had a reorganization down in Columbia County. They dropped out a couple of years ago and stayed out two years. They had never had a membership to exceed eighteen in that county, so far as I can find in the records of the past. They came up with a new society, or a new reorganization, and have twenty-five members (Applause). Prairie County failed to make their report until December of last year for 1918. That was an unfortunate incident that caused considerable correspondence between the Secretary of the County Society and myself. He claimed to have made a report in March and sent it in, and paying for eight members. I had no record of it. I asked

him to send me his check, where it had been returned, and he could not find that. He found later that Dr. W. W. Hippolite, a very old man, past 80, was the Treasurer of their County Society. The Secretary made his report and mailed it to Dr. Hippolite for him to inclose the check and mail the report in, and Dr. Hippolite just pushed it back into his desk among a lot of papers, and they found it last December after the old gentleman had died.

I have had no report at all from the Council, but our Council has been shot to pieces because a great many of them were in the army; other men were appointed to fill out their unexpired term or to fill out the time in which they were in the army, and the fact of the business is that there has been practically no work done by the Council in the past year.

I think one cause for such a good report this year was the change in the Constitution and By-laws requiring the county medical societies to make their reports to the Secretary of the State Society not later than thirty days prior to the annual meeting. If it is not made thirty days before the annual meeting, they do not get any representation in the House of Delegates that year.

Now, last year we had \$6,787.68 on hand. The expenses during the last year have been \$4,104.65. This only covers eleven issues of the Journal. The May Journal is not yet out, and has not been paid for.

The Committee on Typhoid Fever and Malaria, as you remember, last year was voted \$250.00 to carry out their propaganda. Dr. Garrison informs me that they have practically spent that amount. They have not yet turned in any bills; but the money is due, so that that will have to come off of our report. It is an indebtedness that we owe. Other than that, I don't think that we owe anything at all. That leaves in the hands of the Treasurer \$2,883.03 from last year. Now, he informs me that he had drawn \$141.44 interest on this savings account. That would leave in the hands of the Treasurer the sum of \$3,024.47. I have received from dues since the last report \$3,151.50, and I have received from the editor of the Journal for advertisements \$2,160.70. That will give us \$8,336.67 on hand, at the close of 1919, the largest amount that we have ever had. (Applause.)

Dr. Ellis: The next is the report of the Treasurer.

REPORT OF THE TREASURER.

To the President and Members of the House of Delegates of the Arkansas Medical Society:

I wish to make the following report, from May, 1918, to May, 1919:

RECEIPTS.	
Balance on hand	\$2,744.76
From Secretary, May, 1918.	4,242.92
4 per cent interest on savings.	141.44—\$7,129.12
DISBURSEMENTS.	
Per list attached	\$4,104.65
Balance on hand	3,024.47—\$7,129.12

DISBURSEMENTS, 1918-1919.	
Voucher No.—	
1—William R. Bathurst	\$ 862.50
2—C. P. Meriwether.	686.00
3—L. Kirby	29.50
4—J. C. Cleveland	12.22
5—J. M. Lemons	4.00
6—Earl R. Hunt	9.12
7—J. T. Clegg	34.00

8—Parkin-Longley Company	2.15
9—F. S. Overton	60.35
10—Southern Trust Company.	15.00
11—Central Printing Company.. . . .	167.63
12—Noel Loeb	182.33
13—Albert Pfeifer & Bros.	25.00
14—Central Printing Company.. . . .	266.05
15—George Hughes	4.50
16—Central Printing Company.. . . .	155.50
17—Central Printing Company.. . . .	169.40
18—Central Printing Company.. . . .	174.32
19—William R. Bathurst	10.00
20—Central Printing Company.. . . .	142.65
21—Parkin-Longley Company	3.55
22—Central Printing Company.. . . .	185.51
23—William R. Bathurst	10.00
24—Central Printing Company.. . . .	199.41
25—Central Printing Company.. . . .	168.49
26—Central Printing Company.. . . .	145.10
27—William R. Bathurst	10.00
28—Central Printing Company.. . . .	131.83
29—C. P. Meriwether	100.00
31—Parkin-Longley Company	4.12
32—Central Printing Company.. . . .	134.42
Total	\$4,104.65

Respectfully submitted,
WILLIAM R. BATHURST, Treasurer.

Dr. Ellis: These reports will be referred to the Council for final action. The next is the reading of communications.

Dr. Meriwether: Telegram just received from the Southern Medical Association reads as follows:

Arkansas Medical Society in Convention Assembled,
Little Rock, Ark.:

Greetings and all good wishes. Hope you are having a good meeting. Counting on Arkansas doctors coming strong to our Asheville meeting this November.
(Signed) SOUTHERN MEDICAL ASSOCIATION.

A letter that I received a few days ago from the Medical Society of New York to the Arkansas Medical Society, is as follows:

The House of Delegates of the Medical Society of the State of New York adopted the following resolution at its annual meeting at Saratoga May 6, 1919:

“Resolved, That the delegates from this Society to the House of Delegates of the American Medical Association be and are hereby instructed to introduce a resolution against compulsory health insurance in the House of Delegates of the American Medical Association, and to support it in every way possible.”

They ask in their letter, if we think it advisable, that they would like for our State Society to indorse it. I will just state that New York is having a great deal of trouble over their social insurance proposition, and the Committee on Workmen's Compensation and so on, at the meeting of the American Medical Association last year, indorsed the resolution—or didn't indorse the resolution, but it was part of their report approving the plan of health insurance on everybody. But, it

seems that the New York people are going to oppose it.

Dr. Ellis: What disposition do you wish to make of the communication?

Dr. Don Smith: I move that we adopt that resolution as offered by the New York Medical Society.

Seconded. Carried.

Dr. Ellis: Any memorials or resolutions to be read?

Dr. Meriwether: No.

Dr. Ellis: The next is the appointment of a Nominating Committee.

The following were selected as the Nominating Committee by the delegates from the respective councilor districts:

NOMINATING COMMITTEE.

First Councilor District—Dr. H. L. Throgmorton, Pocahontas.

Second Councilor District—Dr. R. C. Dorr, Batesville.

Third Councilor District—Dr. D. A. Pelton, Forrest City.

Fourth Councilor District—Dr. C. M. Martin, Warren.

Fifth Councilor District—Dr. F. E. Baker, Stamps.

Sixth Councilor District—Dr. F. T. Isbell, Horatio.

Seventh Councilor District—Dr. R. Y. Phillips, Malvern.

Eighth Councilor District—Dr. J. B. Dooley, Little Rock.

Ninth Councilor District—Dr. A. S. Melton, Marshall.

Tenth Councilor District—Dr. J. G. Eberle, Fort Smith.

Dr. Meriwether: I have been requested by one or two of the Nominating Committee that immediately after we adjourn the Nominating Committee will meet in this room and organize by electing a chairman and secretary, and fixing their time for meeting.

Dr. Ellis: The next is the selection of names to be submitted to the Governor for appointment on the Board of Medical Examiners.

Dr. Meriwether: There are vacancies in the First, Fourth and Fifth Congressional Districts. Dr. J. A. Bogart, from the First, and Dr. W. F. Smith from the Fifth Congressional District, having served one term, are both eli-

gible for selection. Dr. F. T. Isbell, from the Fourth Congressional District, as I understand it, has served two terms and is not eligible for reappointment. You have to select three men from each of these districts to be certified to the Governor and he appoints one of these three.

Dr. L. Kirby: We select them and they report to the House of Delegates.

Dr. Meriwether: Yes. They have to report to the House of Delegates, and the House of Delegates has to concur in their selection. We leave it up to the three Districts to make the nominations, and they have to be concurred in by the House of Delegates.

Dr. Kirby: They name three men.

Dr. Meriwether: Yes, from each one of these Congressional Districts, and then by resolution the House of Delegates indorses their nominations or do not endorse them, and then they have to be certified in by the Secretary to the Governor.

The following names were selected by the delegates from the First, Fourth and Fifth Congressional Districts to be certified up to the Governor for appointment on the Board of Medical Examiners:

First Congressional District—Dr. J. A. Bogart, Forrest City; Dr. H. H. Rightor, Helena; Dr. G. B. Alcott, Weiner.

Fourth Congressional District—Dr. J. D. Southard, Fort Smith; Dr. W. H. Toland, Nashville; Dr. P. H. Phillips, Ashdown.

Fifth Congressional District—Dr. W. F. Smith, Little Rock; Dr. Thomas Douglass, Ozark; Dr. A. R. Bradley, Morrilton.

Dr. Meriwether: There has been a question brought up here on a point of law with which I am not familiar. There has been suggested that this selection will have to be confirmed at the General Session by all the members of the Arkansas Medical Society; that the State law says that they shall be selected by the membership of the Arkansas Medical Society and not by the House of Delegates. I don't think that that amounts to anything, because we have always selected them just this way heretofore, and the House of Delegates is the legislative body of the Arkansas Medical Society. They are sent here to transact the business for the membership of the Arkansas Medical Society just the same as we elect our representatives to our State Legislature,

and they pass the laws. I don't think that there is any point in that proposition.

Dr. A. G. Henderson: The only question is, What is the State Society? Does the House of Delegates constitute the State Society? I am sure the law requires the State Society to make the selection.

Dr. Meriwether: The House of Delegates constitutes the legislative body.

Dr. Henderson: That is a branch of the State Society.

Dr. Meriwether: It is the legislative body of the Arkansas Medical Society, and the Arkansas Medical Society sends these delegates here as their representatives, and they are to carry out the business of the Arkansas Medical Society.

Dr. Pelton: I move you that the House of Delegates confirm these nominations.

Dr. Meriwether: I was in error this morning in reporting that Sebastian County was entitled to but one delegate. That is a mistake. Their county has two delegates, and both of their accredited delegates are here. Dr. Southard is the other delegate with Dr. Eberle.

Dr. Ellis: The next thing is Miscellaneous Business. Is there anything?

Dr. Meriwether: I would like to make some announcements. The Nominating Committee wishes to meet immediately after adjournment and elect their officers and fix their time for meeting. The Council will have to meet immediately after adjournment.

Now, there is a movement on foot to organize the Washington University Club. The dean of the medical department of Washington University is here, and the chancellor of the University probably will be here tonight. They are going to have dinner at the Marion Hotel at 7:30. There will be no dues or anything of the kind in the Washington University Club, but all doctors who graduated from the old Missouri Medical, or the old St. Louis Medical, are now members of the alumni of the Washington University. If any or all of those who are present will give their names after we adjourn, we will make reservations for a plate for them.

On motion, the House of Delegates, adjourned.

The Council met immediately after the adjournment of the House of Delegates on the morning of the first, made and selected the following committee to audit the books of the Secretary and Treasurer:

Dr. H. H. Rightor, Helena; Dr. Don Smith, Hope; Dr. Robert Caldwell, Little Rock.

GENERAL SESSION.

FIRST DAY.

The General Session was called to order at 2:00 o'clock, Tuesday, May 20, 1919, by Dr. Ellis, President.

Dr. Ellis: We will have the Address of Welcome by Hon. Ben D. Brickhouse, Mayor of Little Rock.

ADDRESS OF WELCOME.

Mr. President and Doctors, Both Ladies and Gentlemen:

Ordinarily these addresses of welcome on the part of the Mayor are merely perfunctory; but, I want to assure you that it is indeed a pleasure to meet with you this afternoon and in a few minutes welcome you gentlemen to Little Rock, both in words and in deed. In my 46 years of life, of course, I have had more or less personal contact with doctors; and since I have been in business, I have become acquainted with a great many doctors, especially here in our own city, and I am glad that I can number the majority of them as my personal friends. Another reason why I am glad to welcome you gentlemen to Little Rock is because there are no men in the United States today that have rendered such wonderful service to our country in the recent war. It was such a wonderful tribute to the doctor when it was said among the laymen everywhere that one doctor was as valuable as five hundred ordinary men. So, I say to you gentlemen, here and now assembled in this convention, that you ought to, if you have ever in your whole lifetime felt proud of your profession, and I am sure you do, you certainly ought to feel proud of it now. And, again, inasmuch as the country is just emerging from the most terrible epidemic that it has ever seen—that is, according to my knowledge—that of the "flu" epidemic, when the doctors worked night and day, some of them hardly having an opportunity to take off their clothes and lie down to rest, going continually regardless of their own bodies to serve the sick and suffering of others, I say to you men that it is indeed a tribute, that I have not the words sufficient to pay tribute to you for your noble, self-sacrificing services to your State and to your country.

You know that every man who has a family, or has been reared with a family, has become attached more or less to some doctor. I will just give you an idea of how the layman feels about it. You probably do not think about that; you men engrossed in your business and matters that come up to aggravate you, you do not appreciate all the time how the patient regards his doctor. I want to say to you that here in Little Rock, for 22 years, one doctor visited my family, my father's family and then my own family, and, if he were living now, he would be attending my children's family, and the affection that grew up between my family and that doctor was such that he was one of us, and, after he passed away, even though he has been dead now for seven years, we still revere his memory. I speak of Dr. Neal. He was not of your school. He was a homeopath, but a doctor that we loved. Even now oftentimes you will find some member of my family going out to his grave and placing there a little floral tribute of

some sort. We loved him. He took care of us in our suffering and sickness, and we had confidence in him. You know that there is no people under God Almighty's heaven that has the confidence of the people as you men. Our homes are the most sacred places on earth to us; but they stand wide open to you; you may come and go as you may. We have perfect confidence in your honesty, your ability, your integrity and your morality. Another thing, there is no class of men that I know of that strive so hard to increase their store of knowledge, and I say, be it to your credit, that from what I can see of the personnel of the doctors of Little Rock—and I know that it is true all over the State of Arkansas—I have knowledge of Little Rock, because I have not had the pleasure to get out much in the State and get acquainted—the personnel of the doctors in Little Rock has steadily grown upward and onward, and, while we can refer back to some grand old physicians that have served here in times gone by, men just as good are coming on, men who are skilled in your profession, men who are working day and night in order to add to human knowledge.

You know that I have been astonished recently, since I have been elected Mayor of Little Rock, to talk to the different doctors about city hospital work and things of that sort, and I find that they have a burning desire for clinical work, not for money, but willing to go there at any time on any occasion to treat patients simply to add to their store of knowledge; and I say, gentlemen, it is to your credit, and I know it, whether you know it, or whether you believe it, that your profession is more honorable in this respect than any other profession that I am aware of. I have been engaged in the practice of law, and I think ethics in the practice of law are high; I think its standard is high; yet it does not compare at all and cannot be compared with the standard that is reached by the physicians. You know that it is wonderful to me, gentlemen, by what manner of means, in a time like this when every one is busy trying to make money, thinking about money with all their other troubles, you have kept your standard of ethics so high. It is marvelous to me. While it is true, I know that some of you are on the job all the time. I saw with some gratification the other day in the papers where the license of some physician was revoked for conduct unbecoming a man of your profession. While I know nothing about the facts in the case, I presumed, and I have a right to assume, that it was done justly; that he violated the law, that he violated the law of your profession, the ethics of your profession. And, I want to say to you that I am glad that the doctors appreciate that. It would certainly degrade your profession if men could throw misleading advertisements in the papers. And, I don't know of anything under which the people are suffering more than fake medical advertisements. I don't know why, with all the force and all the power that your organization has, you cannot relieve the suffering public from these fake advertisements of patent medicines. Nothing under heaven has fooled the people, drained them and stole more money from them than patent medicine advertisements. You take the poor suffering, incurable human being that has exhausted every remedy at home, the very best talent has practiced upon him and can give him no relief; then, when he sees some glaring advertisement that promises and guarantees, as it were, to bring him out of the kinks and cure him in every respect, restore his waning strength, make him as vigorous as he was before he fell sick, naturally, he will "fall" for it, if you will excuse the expression. I want to say to you that it ought not to be allowed. The idea of Tanlac making a man live forever! Now, just such stuff as that, you gentlemen ought to protect people like myself, that do not know any better, from falling

into those errors, to be hoodwinked and robbed through these quack advertising schemes. You know, I don't understand it. The Government has provided a heavy penalty upon persons for the fraudulent use of the mails. Now, I don't know any more flagrant abuse of the mails than the forwarding of these cunningly worded advertisements of patent drugs, cure-alls that claim to do everything and that don't cure anything. I want to say to you gentlemen that I hope that I will live to see the time that, before any patent medicine can be advertised, it will have to pass muster of some intelligent board that knows that the medicine will do what it says it will do. (Applause.)

Now, another thing, I want to say to you that, in my twelve years' practice of law, this thing has been very striking to me. I had a number of folks come to me and wanted me to take a malpractice case against some doctor. Well, of course, I was like any other lawyer; I was looking for business, but I really wanted business; I wanted something that I could make some money out of. You know a man never comes to a lawyer with a malpractice case and offers to pay you a fee of five hundred dollars. He will offer you fifty per cent of the amount recovered. Well, you know that never did appeal to me, because I just happened to know the doctor. You will scrap among yourselves all right; you will fuss and quarrel just like a man with his wife; but just let anybody else come in! (Laughter and applause.) I saw a beautiful example of that in court one day. I was waiting for one of my cases to come on for trial, right here in the Pulaski Circuit Court, and I saw one of our best doctors being sued for malpractice, I think because he left a piece of gauze in the man's belly, and the doctor sewed it up through accident. But, what was the proof? The proof was that this man's life was saved by the operation, and the other was a minor matter, a matter that can be taken care of; but, notwithstanding the fact that his life was saved, he was trying to mulet the doctor out of money. Of course, there was a verdict there for the defendant.

Now, I have always said to my clients, when they came to me with a malpractice case, "Can you prove that?"

"Yes, I can prove it."

"Well, who would say so?"

"Dr. So-and-So."

"Is he a doctor?"

"Yes."

"A reputable doctor?"

"Yes."

"Well, you go to that doctor, and get him to give me a statement of the facts as he understands them."

Well, you know, I never had one to come back; not one. (Applause and laughter.)

Be it to your credit, you have a high standard, and that is for the benefit of the laity. We benefit by your coöperation. And, you are here now to exchange thoughts and knowledge, and we are beneficiaries of that. I want to say to you, gentlemen, that there is nothing under heaven, there is nothing within my power that I could do to advance the profession of medicine and surgery that I would not be glad to do. (Applause.) Now, I have never in my whole lifetime had an opportunity to advance the profession, except to pay my doctor's bills. But, since I have been elected Mayor, the question came up about your medical school. Now, I know there are some differences of opinion here about this school. I know that politics have crept in. It does not make any difference who is the dean of that school, somebody will oppose him. Don't any of you ever think for a minute that, if you should get into Dr. Smith's shoes, you would have the unanimous support of all the doctors; because I don't suppose that anybody ever had it, and I don't suppose that anybody

will ever get it except it be his patients. They will get his undivided attention. But these complications, I want to say to you, will creep in, but you men are too big, you men that save life and limb, you men that we depend upon when we are sick and walk into your office just like sheep going to the slaughter. (Laughter.) Just submit the case and it is up to you to do to us as you see fit. Now, just think of that! You know that's a funny thing. While we studied physiology, it all comes in at one end and goes out at the other. The most important thing with the man is his own life, and that's the last thing he thinks about. Why? Simply because we have been taught to put the utmost confidence in our doctor. We don't have to bother about that. We have the doctor to think about that. We have you to study, and we are using your brains. That's why we don't give it a thought.

But, let me tell you about this medical school proposition. Out here in the last Legislature, I got to be keen for this school. Why? I saw a stab into one of Arkansas' best institutions, and I didn't think that it was based upon reason or common sense. I love Arkansas. I was brought here when I was a boy; I was raised in Little Rock; I raised my two boys here, and I have a grandson, and, of course, I will do anything on earth for Arkansas. Arkansas is first with me. I have been back to my old home State of Virginia since I left, but it doesn't look good to me at all. Arkansas is the best place on earth, and I want to say to you that I don't want to see any State have an institution of learning that Arkansas has not. When I heard men stand up before the Legislative committee in the last Legislature and plead and talk about abolishing the medical school, it made my blood run cold. I have said to some doctors personally, who would stab this school to death because of personalities, "My God! how can you do it? How can you reconcile it to your conscience?" I would hate to think that an Arkansas boy had to go to Tennessee, Alabama, Texas, Louisiana, or some other State, to receive his medical education. While I know that all of you men did not receive your medical education in Arkansas, I believe that the majority of you will say that the Arkansas boy, if possible, ought to be trained in Arkansas. We have everything else here, and why not have an institution of learning for our doctors? So, I say that, when I heard the arguments put forth against this medical school, it sounded ridiculous to me, because I expected more. That men, with the wonderful brain power to analyze and care for the physical body, the greatest piece of machinery that God Almighty has ever perfected, men that can do that and will stand up and quibble over a little business affair of this sort that ought to be settled in one word, is ridiculous. There is just this much about it: I would not tear down the whole superstructure simply because there was one plank in it that did not suit me. Time will bring about those reforms and changes, and I hope that our men throughout this State will be too big in their profession to take any step or do anything that would injure this institution of learning.

Now, it was circulated out there that our school was a "B" grade school; that it would never be anything else, because the Mayor of Little Rock said that, so far as he was concerned, there would be no coöperation between the city of Little Rock and the school. I want to tell you that I was glad to go before that committee and say that that was not true. Not only is it a benefit of the city of Little Rock, but the entire State. This city does not belong to just the people in Little Rock; it belongs to every citizen of Arkansas; this is your town.

I want to tell you something else. I know that the eyes of all Arkansas are upon Little Rock. I know that when we put on reforms here, it extends to

the very borders of Arkansas. I know the great responsibility that rests upon me at this time. I only hope that the Lord will give me strength to measure up to that standard that the people have demanded. Not only do we take pride in this institution at Little Rock, but our whole State is proud of it. Now, then, I have heard it said that it is necessary, in order that this institution of learning or that this school for making young doctors can be a success, to have clinical work there, and that is the only thing that it lacks in making it an "A" grade school. I want to tell you, gentlemen of this convention, if that is all it lacks, it is going to have it. (Applause.) Dr. Morgan Smith and the trustees of the university have in their hands now a document that they have approved, providing for an agreement between the city of Little Rock and the medical school. They drew it, and I have been instructed as President of the Board of Public Affairs of Little Rock, to sign that contract, and I am ready to sign it. Whenever the trustees affix their signatures to it and bring it to me, the agreement will be made.

Now, that is true about that, and I regret that in saying this thing I probably have incurred the displeasure of some of my personal friends among the physicians, some of my warm personal friends that differ from me, and believe that it ought to have been otherwise. But, I want to say to you that it is not what one individual wants, nor two, nor three; it is what is best for the general public, that is what I have in mind. I cannot help but believe that there can be some improvement made on a hospital like we have here. You know we have \$147,000.00 as a nucleus to build a new city hospital, and I trust that amount can be doubled, and that we will put up a hospital here in Little Rock that will be a credit to the State. It would not be a credit to the State if we did not give the people everything that we possibly could. I want to say to you that the city of Little Rock, if it can render services to our city and to our State in this way, it ought to do it; and, if it didn't do it, some of us would simply have to answer for our mistake. I am glad to say, gentlemen, that that matter has been closed as far as the city is concerned, and I hope the time will come when these rough places will be smoothed out, and that you will be able to go out in the State and to your homes and say that Little Rock has a first-class city hospital.

I have given an interview to the paper this morning on our city hospital. You know that we are, unfortunately, here in Little Rock, like a good many other cities in the State, hampered financially. Little Rock has grown from a city of forty-five thousand to ninety thousand in ten years. The people cannot appreciate the situation. They have the same funds today, but the department force of Little Rock is just a margin over what it was ten years ago, when, on the other hand, the duties have doubled for the city administration. Lights, fire hydrants, streets and all those things have absolutely doubled. But, the people can't appreciate it, but we will work out these things. I want to say to the doctors here locally, I want to ask them to stand by us and help us to work out this problem. I am trying to work things down there on a coöperative plan. I don't believe in a fellow getting up on a stool and sitting there and saying, "I am it"; but I believe we can do better by coöperation. I have with me now thirty of Little Rock's busy business men, who are helping to frame this ordinance, and it is only in its infancy; nothing is settled; it is going to be made satisfactory to all if it is possible to make anything of the sort satisfactory. And, I want the doctors to be patient with us and wait until this matter is settled before they fuss with us about its not being right. We have a doctor on that commission; I have selected what I thought was a fair man, Dr. Anderson Watkins, who

is certainly a lovable little fellow, and I know that he will represent the doctors faithfully and competently.

Now, in conclusion, let me say to you, gentlemen, that I have this on my mind: your profession deserves wonderful credit and thanks from the people for another thing that you do that is big, and that is that you are leaders in public health work, while, on the other hand, it would swell your pocketbook if you should let disease run rampant, I suppose; but, the doctors are leaders in public health work, and I am trying, if I can, to put on a program here in Little Rock that will give us a better public health service. You know it took this war to work the people up, and show us really what there was in public health work; and, since the Government has been good enough and kind enough, in order to protect these soldiers, to put on a health department here in Little Rock, we have seen a wonderful change in health conditions. I know; because I have been out over the State. Not long ago I was in a little town, and I saw a little graveyard there on the hillside, where they told me there were new graves of fifty babies who had died of typhoid fever. Bless your soul, I wasn't surprised. It was the most unsanitary place that I ever saw in my life, here in Arkansas, and I hope the time will come when there will be no such place. They don't know anything about sanitation, they don't know anything about sewerage; and, they don't know anything about cleanliness. I talked to the physician there at this mining town, and he told me there was a man over there that had a wife and six children, and he said if they ever took a bath he didn't know it. I want to tell you what is a fact, that, from the way they looked, I don't believe they did, either. It just needs a campaign of education. I talked to the editors yesterday morning, and I asked them if they would not go out to their respective homes and preach this principle of good health, because I don't know of anything that ought to appeal to any one more, in the city of Little Rock. We spend \$1.10 per capita, as poor as we are, for the protection of property and for the fire department, while we spend ten cents for the protection of life! Now, isn't that ridiculous? It seems absurd to me that, in a civilized community, in this age, that that condition should be allowed to exist. Why, it ought to be the reverse. There ought to be \$1.10 per capita spent for public health and, if need be, ten cents for fire protection. Nobody reaps the benefit there but the insurance companies, anyhow. (Applause.)

Now, gentlemen, I am delighted to have this opportunity to talk to you a few minutes. I hope that your session will be the most successful and interesting that you have ever had, and I hope, in addition to that, that you will enjoy yourselves here in Little Rock. Please don't criticize our streets too much, because I say to you we have been without money. We trust sometime that these streets will be fixed up so that you can ride over them in an automobile and not have your hat crushed by the top of the car from the holes in the streets. We realize and appreciate the situation, but we are on the job, and we are working hard, and, as far as I am concerned, in order to make your stay more pleasant, I will be willing to give you anything within the gift of the city except one thing, and that is the key to the Chief of Police's locker at the City Hall. I presume that all of you are prohibitionists; but right here again, while I think about it, no man can get a drop of that liquor unless he has a doctor's certificate. Don't you see where you stand in? (Applause.)

Dr. Ellis: We will now have the address of welcome by Dr. C. E. Witt, President, Pulaski County Medical Society.

ADDRESS OF WELCOME.

Mr. President and Members of the Arkansas Medical Society:

Little Rock, our Capital City, delights in being your host on this, the occasion of your forty-third annual meeting, and the Pulaski County Medical Society, the largest of your component societies, esteems it a distinct honor to have you meet again under its auspices.

The world conditions under which you met one year ago are in striking contrast with those under which you convene today. Then, the free and cherished institutions of civilization were hanging in the balance. Imperialistic Germany was pressing hard upon the Allied lines, and the English were retreating. The future looked dark and uncertain. Washington, answering the call of Lafayette, Garibaldi and Wellington, with a rapidity which astonished the world, raised an army of two million soldiers, veritable "devils of freedom." Under a leadership which combined the military skill and courage of Grant, Lee, Jackson, and of Sherman, supported by the great Allied general, Pershing, the incomparable and irresistible leader, planted the American flag on Prussian soil, and established for all time to come the right of all men to become and remain free. One year ago the fabric of our political, social and economic life was torn to shreds and the human mind, dazed with ever-recurring eventualities, was wandering in a wilderness of uncertainty and confusion.

The earth was red with blood and soaked with human tears. All belligerent nations were passionately importuning Jehovah for aid, the Kaiser of Germany claiming a special dispensation from God in favor of his arms. The supreme and final test came at Chateau Thierry and the Argonne, when the Allied arms smote the Germans with a sword of unquenchable fire and destroyed the temples of the lustful and imperialistic Huns. It was God's day for action and khaki and blue became the favorite colors of the world's spectrum.

Now, you meet when the smoke of battle has cleared away, the mouths of cannon have been silenced by the armistice, and the dove of peace is about to hover over all nations. Our transports are loaded with returning heroes; readjustment and reconstruction are in full swing, and our President, the Christian patriot, statesman and philosopher, sitting with the patriots, statesmen and philosophers of England, France and Italy, will perfect a treaty of peace and a league of nations which will insure for all future time an unbroken peace, a reign of brotherly love, justice and universal contentment.

The honor of the great war cannot be monopolized by any particular service of the many organizations composing the great American Army, and it would be invidious to claim for the medical service performances superior to other agencies. The adventurous ace who, by the circumstances of opportunity, was able to bring down his score or more of enemy planes, deserves not greater honors than the hungry, tired and "beootied" sentinel treading the midnight path of duty. Cast out of the everlasting gratitude of an adoring nation, there are crosses and medals for each. But we, as medical men, love to speak of and dwell upon the magnificent service which the members of the great American medical profession rendered their country in this late war. Peaceful nations are no better prepared for war than warlike nations are prepared for peace. Upon the call to arms, the leaders of the medical profession were called to Washington to assist in organizing the medical military service upon a basis calculated to meet the needs of a rapidly expanding Army and Navy. How efficiently these men performed their duties is to be found in the fact that during the war there were more vol-

unteers than positions, and not one physician was drafted into the service.

The selective draft system entailed the services of thousands of physicians and the clear judgment of history will acclaim these men no less heroes than those who fought and died on the battlefield. All hail to the loyal and patriotic members of the local draft boards! They wear no outward insignia, but on their consciences are stamped the imperishable crosses of honor.

The war furnished the first great opportunity for American medicine to demonstrate the true position which it occupies in the economies of the nation. Every scientific department of medicine and all medical agencies were called upon to render some specific service, and they did so with an expedition and efficiency which have brought everlasting honor and renown upon them. A complete history of the war can never be written, for the subject is too vast for the human mind to grasp. But whatever data is assembled by historians, the part played by the American medical profession, American medical colleges, American hospitals and the American Red Cross, and Training Schools for Nurses will occupy conspicuous pages in that treasured volume.

The service flag of this Society is besprinkled with shining stars, and, with the exception of a few money-mad slackers, who profited upon the patriotism of their colleagues, the history of the medical profession of this State is written in honor and glory. These vultures will be overtaken in time by their consciences, and society will brand them with an emblem of dishonor. To you, gentlemen, the faithful and loyal members of the Arkansas Medical Society, assembled on this occasion for mutual help and to promote the public welfare, in the name of the Society, which I have the honor to represent, I extend you a most cordial and sincere welcome.

Dr. Ellis: We will now have the response to the Address of Welcome on behalf of the Arkansas Medical Society, by Dr. J. H. Kennerly, of Batesville.

RESPONSE TO ADDRESS OF WELCOME.

Mr. President, Mayor Brickhouse, and Members of the Arkansas Medical Society:

We have listened with much interest to the welcome of this body and the good city of Little Rock. We appreciate that very much indeed. Yet, it is not unexpected, for we have been here so many times before on similar occasions, and have always had a cordial welcome, and had extended to us the hospitality of the good people of Little Rock. Therefore, we naturally expect it. The same is true on this occasion, with the one little exception that the mayor mentions, and that is the little tip we used to get at the counter. And, we rejoice with you that you have eliminated that part of your hospitable greeting, and instead give us pure water and good milk. We come to you today with no odor on our breath worse than that of tobacco, and the indications are, from what the Mayor says, that we will leave your city with the same steady gait with which we arrived. (Laughter and applause.) The Mayor has very eloquently eulogized the doctors of this State. But, gentlemen, you will pardon me if I tell you something of what the doctors have done and are doing. There have been many great things happen since the Society met one year ago. We have fought to a successful finish the greatest war that history has ever recorded; and, a little later we passed through the most wide-spread and destructive epidemic the world has ever known; and, in all this the doctors have proved themselves worthy of the cause in which they engaged. I am glad to tell you

here that, through all these troublesome times, very few doctors in Arkansas proved themselves to be slackers, and those few, I think, ought to be ashamed that they are in the land of the living. We take our hats off to the young doctor who left a comfortable home and lucrative practice, and volunteered his services to the hardships and dangers necessary to win this war. We also give honor to the older doctor who gave without compensation his time and talent to the selection of this great army. But, gentlemen, the greatest honor should be given to the common soldier who faced the shot and shell, went over the top and drove the Hun beyond the line. (Applause.) This, gentlemen, having been accomplished, we see ahead of us many other great things which we had here. In selecting this army, the examining physicians discovered that many of our young men were disqualified for the noble task of freeing the world from bondage by the inroads of purely preventable diseases, which they had kept a secret. These things are now receiving scientific attention, and we hope soon will be eliminated. And, right here I would like to pledge the coöperation of every doctor in the State of Arkansas to our efficient State Health Officer in his noble efforts to stamp out those diseases that have unfitted so many of our young men, and, through them, the women in holy wedlock, and contaminated so many of our fair daughters. (Applause.) Let us make our reports to him promptly, and aid him in every way possible.

It is to be hoped that this meeting will do much toward the preservation of life in the State of Arkansas. Of course, it is the duty of the doctor to use every means possible to make the sick man well. But, his greatest duty, and for which he should have much better pay, is to prevent the well man from becoming sick. (Applause.) Gentlemen, it is a well-established fact that poor health and immorality go hand in hand the world over. So, if we can eliminate the preventable diseases from our city, we unquestionably will have the best State in the Union. This depends upon the doctors, and the place for the consummation of that good work is in the Arkansas Medical Society.

Now, gentlemen, with the firm belief that this will be a pleasant and profitable meeting, I again thank you.

Dr. Phillips, First Vice President: The next number on the program will be the address by the president, Dr. E. F. Ellis, of Fayetteville.

(The Annual Address of the President at the Arkansas Medical Society will be found on the first page of this issue.)

Dr. Phillips: I will appoint on the Committee on President's Address Dr. M. L. Norwood, Dr. J. T. Clegg, and Dr. F. T. Isbell.

On motion, the General Session adjourned, and the Scientific Section proceeded to business.

GENERAL SESSION.

SECOND DAY.

Wednesday Morning, May 21, 1919.

Called to order at 9:10 a. m. Vice President Phillips in the chair.

Committee on President's Annual Address submitted report, which on motion, was received and ordered filed.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

We, your Committee to which the Annual Address of the President was referred, desire to report as follows:

We wish to commend the address as a whole and especially that portion of it referring to his recommendation regarding the State Board of Medical Examiners, and the Committee is of the opinion that each and every member of the Arkansas Medical Society should assist the Committee on Medical Legislation to influence the next legislature to pass the One Board Medical Act.

F. T. ISBELL,
J. T. CLEGG,
M. L. NORWOOD,
Committee.

Dr. Cargile: Mr. Chairman and Fellow Members: A good many years ago the Committee on Necrology became an established part of this organization. We used to meet one evening during the Session at some church or other suitable place. For some reason, this custom has not been observed of late. The result is we have lost interest and have forgotten to honor our dead comrades. I shall never forget—because it was a painful occasion—the last meeting which was held here. Only twelve or fifteen were present. During the year which has just passed, we have lost several members at Hot Springs, Fort Smith, and at other points in the State. These brethren who have been called up higher, should be suitably remembered by us. It is humiliating to think that we forget our dead so easily.

Some three years ago the Secretary submitted in writing to the House of Delegates, the report of the Committee on Necrology, for action and attention. It was taken up there and disposed of by the Delegates. I moved on that occasion, as I did yesterday, that the Committee on Necrology report before the General Session so that all might take part in honoring our dead. The motion carried, but it was only for that occasion. I now move that our by-laws or rules of procedure be so amended that hereafter the Committee on Necrology report on the second day of the meeting at ten o'clock in the morning, or in the afternoon of the second day; so that we may properly and with due respect, honor our dead.

Seconded by Dr. Norwood, and carried without opposition.

Dr. Kirby introduced a resolution pledging the support of the Arkansas Medical Society, in convention assembled, to the passage of the Smith-Towner Education Bill, now

pending in Congress, for the establishment of a Department of Education with increased Federal Aid to University extension work, the suppression of illiteracy, etc., which, on motion duly seconded, was unanimously adopted.

No further business appearing, the General Session, on motion of Dr. Runyan, stood adjourned at 9:18 a. m.

HOUSE OF DELEGATES.

SECOND DAY.

Wednesday, May 21, 1919.

The House of Delegates was called to order by the President, Dr. Ellis, at 9:00 o'clock, a. m., there being a quorum present.

Dr. Ellis: We will have the report of the Committee on Cancer Research.

REPORT OF COMMITTEE ON CANCER RESEARCH.

This committee has nothing new to report but beg leave to submit the following well-known facts to remind us that an early diagnosis of cancer is the essential thing for the future welfare of the cancer patient.

At the beginning cancer is a local disease and the only known cure is an early complete merciless extirpation, preferably by the knife.

As the cause of malignant growths is not known it is well to bear in mind methods of prevention.

By prevention we mean the removal of all sources of irritation: all chronic inflammations should be cured; gall stones should be removed as soon as discovered; ulcer of stomach and ulcer of duodenum should be recognized early and cured by surgical methods; ulcerated cervical lacerations should be repaired. Irritation of skin, mucous and muco-cutaneous surfaces should not be allowed to continue.

As cancer develops oftener in those of lowered vitality and in those living in unsanitary quarters, it is our duty to see that sanitary conditions are improved, hygienic measures instituted, and the general health be looked after.

Meat eaters are more prone to cancers than vegetarians. Hot coffee, hot tea and other hot foods should be avoided, as no doubt these overheated foods serve as an irritant to stomach and esophagus, and may lead to cancer.

All suspicious skin lesions should be treated by early removal. There is reason to believe that cancers are infectious and those houses in which cancers occur should be avoided as dwelling places. Good hygiene, good food, good air, the simple life, the tranquil mind and the avoidance of mechanical and chemical irritants are our best methods of prevention of cancer. Delay in seeking proper treatment is the main factor in the high death rate in cancer. It has been conclusively shown by hospital statistics that practically 50 per cent came too late for a cure and of these two-thirds had been poorly advised by their physician. This committee urgently recommends that the members of the Society be alive to the fact that all new growths should have grave surgical consideration and that it is much better for the patient and the reputation of the physician to have an early slight operation which offers more hope for a cure than a late extensive operation.

Dr. Ellis: We will have the report of the Committee on Health and Public Instruction.

REPORT OF COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION.

To the Officers and Delegates of the Arkansas Medical Society, in Forty-third Annual Session Assembled:

SIRS—We, your Committee, on Health and Public Instruction, and the Prevention of Typhoid Fever and Malaria, herewith submit a joint report for your consideration.

The past year has been a very busy one for both the practitioner and public health officer. In addition to the added duties as a result of the selective draft and the normal increase in the amount of work devolving on the medical profession owing to the number of medical officers drafted into the army, one of the severest epidemics ever visited upon a people has taxed practically every physician in the State to his utmost capacity, leaving little time for the formulation or promulgation of constructive work along any line. We are pleased to believe, however, that the lessons derived from the army and the epidemic have contributed materially to a quickened public conscience in all matters pertaining to preventive medicine and public health.

In addition to giving instruction to the young men of the selective draft, physicians in every county have made many public addresses on public health and allied subjects, and have aided materially in preparing the public mind to receive the information in regard to the prevalence and ravages of venereal diseases and to cooperate in their control as never before.

Your Committee on the Prevention of Typhoid Fever and Malaria has had printed and distributed 150,000 leaflets, in the form of catechisms, on these subjects, the object being to have them pasted on the fly-leaves of the public school textbooks and incorporated in the curriculum. These leaflets have been printed and distributed at a cost of \$246.50. (Copies of bills and leaflets are hereto attached.) This leaves an unexpended balance of \$3.50 from the \$250.00 appropriated for this purpose at the last annual session.

As there are about 600,000 school children within the State, and approximately 350,000 above the fourth grade in actual attendance, it is readily seen that there will not be a sufficient number to meet the demand. These catechisms are being very enthusiastically received and many complimentary remarks have been made about the Arkansas Medical Society in undertaking to reduce the incidence of these very prevalent diseases in this manner. The committee, therefore, recommends that an additional appropriation of \$200.00 be made to enable a further distribution of these leaflets, provided the finances of the Society will justify.

A further recommendation is made that the Committees on Health and Public Instruction, Sanitation and Public Hygiene, and Prevention of Typhoid Fever and Malaria be combined as a Public Health Committee.

Respectfully,

C. W. GARRISON, *Chairman*.
C. S. RICE,
J. M. JELKS,
H. THIBAUT,
M. L. NORWOOD,
W. H. DEADERICK,
O. L. WILLIAMSON.

Dr. Ellis: As I understand this report, it is a little different from the ordinary report. So far as it relates to the report to the So-

ciety, that goes to the Reference Committee, in so far as the financial end of it is concerned, that goes to the Council to dispose of. So, the Council can attend to that part, and the Reference Committee to their part.

The next is report on History of the Arkansas Medical Society, Dr. Gibson.

Dr. Gibson: In a hypercritical way, when a man or chairman presents a written report, it should all be written and he should not submit any remarks in addition thereto. For that reason I have not submitted a written report, so I can talk as long as I want to, without criticism. I have been slightly burdened, like most others, I suppose, in the last year, that I have had no time, if I thought that it was opportune, to devote to writing a history of the Arkansas Medical Society. I haven't said so before, but I will say now that I don't think that the time is ripe to write that history. I have the documents in my possession, and will transmit them to my literary executor and medical executioner when I pass away. For this reason: A history of the Arkansas Medical Society and of the origin of the Arkansas Medical Society is not so much in the transactions of the two State Associations. The old association, or the Arkansas Medical Association of Arkansas, was organized in 1870, and there was a secession or rebellion or split in that society, and from that came the Arkansas Medical Society in 1875. Now, the history of the organization of this Society and the warfare in the old association is contained in the transactions of the Little Rock and Pulaski County Medical Society and in the Proceedings of the College of Physicians and Surgeons and Medical Society that was organized when this split occurred. Though I have those documents, reports of committees, etc.; and while, unfortunately, some of it is so true, some of the descendants of those men still exist and some of the communities in which some of them lived would be very much mortified, I think, if that thing was published at the present time. So, I am reserving these documents, and will turn them over to some one who is better qualified than I. The transactions of the two associations are extant. I have the transactions of the old association to 1875, and the transactions of the other from 1875 to 1881 and along up to the present time. So, that is matter that anyone can delve into. The other is rather intricate, and I have it all marked. In fact, there were a good many things in there that were said by somebody else that would have to be said after I am dead. I also have a very important document, which is a record of the Board of Examiners of the trans-Mississippi Department for the Confederate States of America. That is in the handwriting of Dr. P. O. Hooper, who was Secretary of the Board, and contains a correct record of every meeting of the board, and the final one after the surrender, when they met at Shreveport. That book contains a record of all examinations of the trans-Mississippi Department on this side of the river made by the board. Dr. Hooper and Dr. Lawrence, the father of W. M. Lawrence, was on that board. Now, that probably ought to go to the Arkansas Medical Society. There is no reason why it should not, because that has a tabulated list of all the doctors that were examined, those that were accepted, those that were rejected, and some resigned from the Confederate Army and went to the other army. Now, that ought to be published, but I don't think it ought to be put at present in the archives of the Arkansas Medical Society where it could be looked into, because it might mortify some whose ancestors were not marked right in that book.

I would like to be excused from any further service on that committee. If I find the time, I will be very glad to furnish some of these documents during the year.

Dr. Ellis: The report will also be referred to the Reference Committee. What is the will of the House?

Dr. Eberle: I move that the report be received and the committee discharged. I feel like we ought to make Dr. Gibson permanent historian of the Society, but that would have to come up in a different way. We have been carrying this committee for several years, and he says he does not think it is opportune to make a written report. I think we may as well end it in that way.

Seconded. Carried.

Dr. Ellis: We will now have the report of the Board of Visitors to the Medical Department, University of Arkansas, Dr. F. T. Isbell.

REPORT OF BOARD OF VISITORS TO MEDICAL DEPARTMENT UNIVERSITY OF ARKANSAS.

To the House of Delegates:

We, the committee appointed by the Arkansas State Medical Society to visit the Medical Department of the University of Arkansas, can only report the recommendations of Dr. Caldwell, the Chairman of the Council of Medical Education, who recently visited the Medical School and who made the statement at a meeting of the faculty during his visit which was heard by a member of this committee (a letter to the same effect was read by another member) that the laboratories of the Medical School have reached such a point of perfection that, with proper organization of the clinical teaching staff and additional hospital facilities, if developed to the requirements of the American Medical Association, the school would be classified as an A grade medical school.

In that the clinical teaching is the drawback at this time, and that the treatment of patients at the City Hospital will be delegated to the Medical School, the possibilities at present are encouraging.

The committee realizes that an investigation of a day would not be sufficient to procure facts and information necessary for an intelligent report, and, as a delay in investigating due to unavoidable circumstances was experienced by members of this committee, we have not had time to make such an investigation. The information in this report is already known to many members of the Arkansas State Medical Society.

There are two authorities to which the Medical School is responsible, viz: the State Board of Medical Examiners, and the Investigating Committee of the Council of Medical Education of the American Medical Association, and, in that the Committee of the State Medical Society is not one of these authorities, we, the Committee to Visit the Medical School, recommend that this committee be discontinued.

Respectfully,

F. T. ISBELL, *Chairman*,
C. S. PETTUS,
M. L. NORWOOD.

Dr. Meriwether: I move you that the report of this committee be accepted, and the committee be discontinued.

Seconded. Carried.

Dr. Ellis: We will now have the report of the Committee on Medical Expert Testimony, Dr. Gibson, chairman.

REPORT OF COMMITTEE ON MEDICAL EXPERT TESTIMONY.

Dr. Gibson: On a former occasion I was advised by a lawyer that nothing could be done by legislation in this State, that it would require an amendment to the Constitution of Arkansas. The Constitutional Convention met here last summer. Many years ago, I believe, when the Circuit Court met in this room, a notorious thief was brought before the bar of Justice. He was such a perpetual thief that he was called "Chicken Thief John." When he was arraigned by the amiable Judge Martin, he said that he didn't have an attorney, and the judge said, "Well, we will give you a lawyer." He had been in the court before and had a good deal of knowledge of court, I suppose, from his actions. He said, "Well, judge, I ain't got no money to get a lawyer. If I can't get a good lawyer like Judge House or Judge Moore, or Judge Rose, or some of them good lawyers, I'd just as soon not have any one at all." The judge said, "Well, we will appoint somebody." He said, "Well, if you don't give me a good one, why, I don't want one." The judge said, "Well, I will appoint you a good one." He said, "Who are you gwine to give me judge?" "Well," he said, "I will appoint Brother Rogers." Rogers got up and buttoned his coat up, and the negro looked at him a minute and said, "Judge, just give me what you think I deserves. I believe I knows a man when I sees him."

Gentlemen, I went out to the Constitutional Convention last year and looked on it. I don't believe our distinguished men were there that day. Dr. Morgan Smith, I didn't see him there, or probably I would have changed my notion. But, I came to the conclusion that I "knows a man when I sees him." I was told that there was no opportunity to get any recognition for that kind of a proposition. It was a bad time to hold a constitutional convention; and, as it turned out, it must have been true that the Constitution was either too bad or too good to be adopted by the people, and any work we would have done would have been wasted. And, I congratulate myself that I have the acumen of "Chicken Thief John." I ask that that committee be discontinued.

Dr. Dorr: I move that the report be received, and the committee discontinued.

Seconded. Carried.

Dr. Ellis: We will now have the reports of the Reference Committee.

Dr. Kirby: For fear of there being any confusion, and being inexperienced, we made a separate report on each one of the subject-matters presented to us.

REPORT OF REFERENCE COMMITTEE.

Your Reference Committee approve the report of the Committee on Sanitation and Public Hygiene.

We, your Reference Committee on the report of the Committee on Hospitals, commend the committee for its painstaking report and fully approve the idea of the improvement of hospital records with a follow-up report showing the condition of the patient after a period of six months after the discharge from the hospital.

We, your Reference Committee, beg leave to submit the following with reference to the President's address to the House of Delegates: We approve its general scope and suggestions. With regard to the special suggestion as to the formation of a medical defense organization, we find much food for thought; but believing the membership have not had time for consideration of the same, recommend that this question be taken up at the next annual meeting.

DR. J. G. EBERLE,
DR. R. C. DORR,
DR. LEONIDAS KIRBY.

Dr. Kirby: With reference to this matter of a follow-up report in the Committee's report on Hospitals, I would like Dr. Dorr to make some remarks.

Dr. Dorr: You operate on a case, it goes from the hospital, and that is reported as cured. You don't know whether it is or not. A lot of these cases never get well. The thing is, if you will follow that up and find out the condition twelve months after, you will know whether he is telling the truth. In other words, it will tend to prevent that. Wyeth said there were three kinds of liars: an ordinary liar, a damned liar, and a statistical liar, and that is the worst of all.

You take one of the biggest hospitals in the United States. They make an exploratory laparotomy, and the patient goes home. That is reported as a success. If you follow that case up, have a follow-up record, you will catch them, because they must produce letters that they get from the patient. Then you have a chance to catch them and stop a lot of this talk about all these grand successes. I could tell a lot of other instances. All of them were grand successes.

Dr. Eberle: I move that the reports be received.

Seconded. Carried.

Dr. Thibault: I have a resolution which does not really come under the nature of business of the House of Delegates particularly, except that the men or the citizens, both medical and otherwise, in my county are anxious to have the indorsement of the Arkansas Medical Society for it. The aviation field at Lonoke is to be abandoned and dismantled. They have a good hospital there, well equipped, and the county wants to acquire that hospital for the use of the county, and it seems a shame that an institution needed so badly by the county should be wasted by being dismantled. And, the county is making an effort to acquire that hospital, and it probably needs all the help and influence that we can get from the outside, and, therefore, I would like to introduce this resolution:

Resolved, That, inasmuch as Lonoke County is sorely in need of a county hospital, and Eberts Field in that county is to be abandoned, it is believed that the excellent hospital there should not be destroyed and wasted, and that the Arkansas Medical Society indorse any movement to save this to the use of the county and State.

On being seconded, the resolution was adopted.

Dr. Isbell: In the discussion of sending this urn to the Historical Commission at the new State Capitol, I move you that we appoint the members of the State Board of Health, together with Dr. Garrison, to take and present it to this Commission at the new State House. Seconded.

Dr. Ellis: I don't know how this matter was brought before the House of Delegates. I don't know whether the minutes are as explicit as they should be. I will try to give a little information on that. As you all understand, Dr. Clegg has a son that gained a great deal of notoriety, in fact international notoriety, as a bacteriologist. This son made more investigations into leprosy, the bubonic plague and some of the other tropical diseases, or probably as much, as any man in the whole country. He was placed in charge of the leprosy colony in Honolulu, at which place he died early in the year; February, I think it was. Now, his ashes were sent to this country in an urn. The ashes have been accepted by the Historical Commission, to be placed in the historical room at the State Capitol. Some of the friends of Dr. Clegg and of the young man thought it would be well to give some proper recognition from the Arkansas Medical Society, and that it might be well to have a suitable memorial committee to draft a suitable resolution, and have it placed in the archives of the Arkansas Historical Commission as coming from the Arkansas Medical Society, and that is the object now of this committee, to get proper recognition from the Arkansas Medical Society, and at the same time that the better way would be to have a committee delegated to take this urn to the Historical Commission from the Arkansas Medical Society and present it to the Commission. That is the purport of what they wanted, and that was the subject of Dr. Isbell's resolution.

Secretary: How large a committee would that be?

Dr. Isbell: The State Health Officers are seven.

Secretary: The members of the State Board of Health.

Dr. Isbell: Yes.

Carried.

Dr. Ellis: Well, I will appoint on that committee—and I think that committee should have the whole matter in hand—the entire State Board of Health, with the exception of Dr. Clegg, and also Dr. C. W. Garrison, State Health Officer, to draft the necessary resolution as coming from the Arkansas Medical Society, and present this urn to the Historical Commission. It is understood that the State Board of Health will take this matter in charge.

Dr. C. S. Rice: Out of respect to Dr. Clegg, would it be anything wrong in asking this committee to furnish to the papers of Siloam Springs a copy of these resolutions, or of this particular part? If not, I make a motion, if it requires a motion.

Seconded.

Secretary: I think also that that committee should furnish a copy of that to the Arkansas Medical Society, so that it can be printed in our Proceedings.

Dr. Kirby: And, also to Dr. Clegg.

Dr. Ellis: And, to the deceased's wife, as well.

Carried.

Dr. Ellis: I think it might be well for this committee to draft this resolution and also report to the Society at what hour they expect to make this presentation to the Historical Commission. In that way it will give as many as care to go out an opportunity to go.

Dr. Southall: I think two o'clock this afternoon was the time set.

Dr. Ellis: Without objection, we will have two o'clock this afternoon set as the hour. I think the announcement should be made before the General Session.

Dr. Meriwether: There was one point that we brought up yesterday afternoon in the Scientific Session. There was a great deal of discussion and one thing and another, which was all out of order. But, there was a resolution passed at that time to have memorial services at two o'clock this afternoon in the General Session. Now, gentlemen, if you have ever served at any time on the Scientific Program Committee, and found out how hard it is to get men to write papers and then to get these men to come here and read their papers, and then take up the entire time of the scientific session in some other kind of work

and keep them from reading their papers, you will realize that it creates a great deal of discord, and these men go home feeling pretty badly. I don't believe that any other propositions should be run into the scientific session at all during the hours in which they are on the program. (Applause.) And, if you bring in these various and sundry propositions, it just simply demoralizes the whole scientific work. Now, I think we should have an hour set apart for memorial services, but it should be at a time in which the Society does not meet. We have had a great many deaths in Arkansas in the past year among the profession, and, if you get that started at two o'clock this afternoon, we won't get through any of the scientific work during the whole afternoon. I would suggest, inasmuch as we haven't anything especially on tonight, that the memorial exercises be held, say, at eight o'clock in the Senate Chamber.

Dr. Ellis: Do you want to make that a motion?

Dr. Meriwether: I would rather get the expression of the members, but I don't think it is the right thing to do to run that into the scientific session.

Dr. Dorr: Make a motion then.

Dr. Meriwether: Then, I move you that the memorial services be held at eight o'clock in the Senate Chamber.

Seconded. Carried.

Dr. T. S. Ellis: Would it be out of order to make a resolution broadening the scope of business of the Laboratory of the State Board of Health. Is that for all time service or part time?

Dr. Ellis: Part time.

Dr. T. S. Ellis: I make a motion that the Society request the members of the Laboratory of the State Board of Health to make us a complete blood analysis, urinalysis, analysis of the feces and sputum, when requested to do so. This money is contributed by the people, and the majority of the people of the State live in rural communities; and a majority of the physicians of the State, even if they are qualified to do so, don't live in towns where there are lights and water, and you take a urinalysis with a hand centrifuge, that is quite an obsolete affair, and the average man has not time to do that, if he is a busy practitioner. We can mail a specimen of the urine down here, and have that work done for us. If our money is going to that purpose, and the man is paid enough to do that, I

make a motion that the Arkansas Medical Society request that it be done.

On motion, the House of Delegates adjourned until two o'clock tomorrow (Thursday) afternoon.

COUNCIL MEETING.

Wednesday, May 21, 1919.

The Council met at 3:00 o'clock in the afternoon, there being a quorum present, to wit:

Dr. J. M. Lemons, Dr. H. H. Rightor, Dr. R. Caldwell, Dr. Leonidas Kirby, Dr. W. H. Mock, Dr. C. P. Meriwether, and Dr. J. E. Jones.

The following business was transacted:

\$200.00 was allowed the Committee on Prevention of Typhoid Fever and Malaria for the ensuing year.

\$1.20 was allowed Dr. J. M. Lemons for money advanced for stenographic services and postage.

\$262.00 was allowed Dr. C. P. Meriwether, Secretary, for moneys advanced for postage, telephone service, stenographer, etc.

\$106.00 was allowed Dr. Meriwether for moneys advanced in connection with work for the Council of Defense.

\$341.01 was allowed Dr. W. R. Bathurst, editor, for office expenses during the past year, postage, etc.

\$750.00 was allowed to both Dr. Meriwether and Dr. Bathurst as an Honorarium for the past year.

The following report was submitted to the Council, by the committee of Councilors appointed for that purpose, to be later submitted to the House of Delegates:

We, your committee, have examined the books accounts of the Secretary and Treasurer, and find the same to be properly kept and all accounts correct.

There being no further business, the Council adjourned.

Note: \$10.00 was later allowed by the Council, on the submission of its report to the House of Delegates, to Dr. A. L. Carmichael for postage in connection with his work as chairman of the Scientific Program Committee.

MEMORIAL SERVICES.

SENATE CHAMBER, OLD STATE HOUSE.

WEDNESDAY, MAY 21, 1919,
8:00 O'CLOCK P. M.

Dr. Leonidas Kirby acted as chairman of the meeting.

Dr. Kirby: Dr. Cargile, have you any report to make?

Dr. Cargile: Yes, I have a little, but not very much. I wrote to Dr. Kirby and asked him to report for his section. I did what I could, and wrote to others in Northwest Arkansas, like I did Dr. Kirby. Dr. H. D. Wood sent in a report on Dr. W. N. Yates.

DR. WILLIAM N. YATES.

Dr. William Nicholas Yates was born at Cane Hill, Washington County, Arkansas, December 18, 1857. He was educated at Cane Hill College, from which he received the degree of B. A. in 1874. He taught school for two terms at Wesley, Arkansas, and then commenced the study of medicine with Dr. W. B. Welch as his preceptor. He was graduated from the Missouri Medical College, now affiliated with Washington University, in 1878. He located at Cincinnati, Arkansas, and did a remunerative practice for ten years.

He moved to Fayetteville in 1889, and did a general practice, enjoying the confidence of his patrons. He endeared himself to his professional confreres by his upright conduct and his high regard for the code of medical ethics.

He was energetic in his professional work, making his last call to see the sick the day before his death, which occurred on November 17, 1918. He had passed through the most trying ordeals before his call came. His wife had died a few years before, and his only daughter, who had been left a widow with an only daughter, a few weeks before his death.

He was an earnest Christian man and had served as an elder in the Presbyterian Church for many years, and a man who will be missed by many in his community and most of all by the medical men of Fayetteville and vicinity.

Dr. Kirby: What course do you think would be proper to take with reference to this?

Dr. Cargile: I will ask Dr. Ellis to make some remarks.

Dr. Ellis:

I would say in reference to Dr. Yates, that we were the closest of friends, and he was one of the most honorable medical men that I ever knew. He was a man in whom every one had the utmost confidence. He was not only a valued physician, but he was a most estimable citizen as well. He always took the foremost part in every activity that concerned the community in any way whatever, and I think the profession has lost one of its best medical men in the death of Dr. Yates.

Dr. Cargile: I have a personal letter from Dr. Wood concerning Dr. Yates:

I am enclosing a copy of the paper concerning Dr. Yates, that I have sent to Dr. Mann and Dr. Meriwether, as you directed. I hope it will furnish the basis for your Committee on Necrology to make a report.

Dr. M. S. Craig, of Batesville, sent in a report on Dr. Jeffery Hayden.

DR. JEFFERY HAYDEN.

Dr. Jeffery Hayden was born in Stone County, Arkansas, in the year 1883. While yet in his teens, his parents moved to Mount Olive, Izard County, Arkansas, where he received his early education. His father was a doctor, and he always had a desire to follow in his footsteps. After completing his preliminary education, and studying under his father for a few years, he entered the medical department of the University of Arkansas in the fall of 1906, and received his diploma from that institution in 1910. Soon after his graduation, he located at Jamestown, Arkansas, where his public spirit, pleasing and affable manner, superior Christian character and professional ability soon won for him a large practice, as well as an esteemed social position.

In October, 1918, while working strenuously day and night to relieve the sufferings and save the lives of many of his friends and neighbors stricken with influenza, he acquired the disease himself. Pneumonia, following in its wake, was too much for his apparently strong constitution, and early in November death claimed him.

Every doctor who made his acquaintance will realize that the profession has lost a valuable brother.

Dr. Kirby: Are there any remarks by any one who was acquainted with the doctor?

Dr. T. J. Wood: I knew his forbears, his ancestors. The name Jeffery is synonymous with that of a gentleman when he happens to be a doctor. It means thoroughness, efficiency and honor. I can say that much for the generation of that name. This young man, as far as I have ever heard, has lived up to that standard.

Dr. Cargile: I will read what Dr. Lawrence has to say regarding Dr. Wallis, because he was a classmate of Dr. Wallis.

DR. J. C. WALLIS.

My first acquaintance with Dr. J. C. Wallis was when he was a schoolmate of mine in Batesville, when we were boys, about fifteen or sixteen years old. He was a good student, always obedient and respectful to his teachers, and loved by them. These good teachers have passed away, so they cannot speak for him. I can remember his showing the little man he was more than once during his early school days. I met him in the Jefferson Medical College in 1876; was in his graduating class. He applied himself, and stood high in his class and work, and up to the time of his death was a credit to the school. I loved him and esteemed him highly from my early boyhood up to the time of his death. He was a true friend, a man of the best type.

As to his standing and his life at home, also in his profession, you will say something, for you know it all.

To lose a friend of more than 40 years' standing was a great loss to me. I admired and loved him all of these years. So, Cargile, if you, in getting up your report, can get an expression from this personal letter, would be pleased for you to use it.

Dr. Cargile: I will read my tribute to Dr. Wallis.

Dr. James Christopher Wallis was born in Marshfield, Missouri, August 7, 1854. Part of his early life was spent in Missouri. He attended school at Batesville and Mountain Home, Arkansas. When about

nineteen he became a citizen of Arkadelphia, which was his home until his death, October 10, 1918.

My acquaintance with Dr. Wallis began in 1873, when we became roommates and fellow-workers in a drug store in Arkadelphia. This association of more than two years was followed by one of nineteen months in Philadelphia, where we were roommates and fellow-students in Jefferson Medical College, from which he was graduated in 1877.

Notwithstanding the last twenty-five years of his life we lived in distant parts of the State, our intimacy continued by correspondence and exchange of visits. My purpose in relating these personal details is to give force to what I may say concerning Dr. Wallis, his characteristics and exemplary life.

In 1882 he married my step-sister, Miss Kate McLure, who died in 1896, leaving two sons, Dr. Charles Wallis, of the Medical Corps, and Lieutenant James Wallis, both yet in the army. Later he married Miss Carrie McMillan, of Arkadelphia, a most fortunate union for himself and his sons.

A wire calling me to him found me at Rochester, Minnesota. I responded as promptly as possible, and found him very weak and anemic from gastric hemorrhage, which had almost ceased when I arrived. I remained three days. He died a few days later.

During our stay in Philadelphia, I witnessed his baptism by Dr. George Dana Boardman, pastor of the First Baptist Church. To a very unusual degree he lived up to the vows he took on that occasion. For about thirty years he was the very successful superintendent of the Sabbath School of the First Baptist Church of Arkadelphia. A very remarkable feature of this service was his record of prompt and regular attendance throughout this long period, notwithstanding he had a very large practice. I often wondered how he did it. The solution came when, on more than one occasion, I saw him preparing for the next lesson within a few hours after having attended the school, instead of waiting until the next Sabbath morning, as is too common. Notwithstanding he accomplished much good by and through his devotion to the duties thus placed on him, it is probable that he did more by his everyday consistent life. He was a home-loving, kind and affectionate husband and father. He was very conservative; too much so, I sometimes thought. However, the opinion of a radical is quite liable to be erroneous. Dr. Wallis is greatly missed by the poor, to whom he gave much of his time. He was provident and frugal, but not stingy, as is shown by his contributions to worthy causes, and especially his liberality to Ouachita College. I never saw him angry. Indeed, I doubt that he ever was. He was just and ethical toward and popular with his fellow physicians. He loved his profession and honored it, and, in turn, it honored him. He was a Councilor, member of the State Board of Examiners, and President of this Society. It should be stated that not once did he say or do the least thing to bring about these promotions. The same was true of his election to the office of Secretary of his graduation class in the medical college.

Permit me to digress for the purpose of stating a remarkable fact. Of the seven Arkansans of the class of '77, in Jefferson Medical College, Dr. Wallis only has died, and he at the end of forty-one and a half years. The others are Drs. Lawrence and Case, of Batesville, Gibson of Little Rock, Mahan of Bearden, Ducker of the District of Columbia, and I. Many times, especially since the death of Dr. Wallis, I have thought of my good fortune in having been the beneficiary of his influence, and have wondered how much worse might have been my condition without it.

During my three days' stay with him he told me he did not fear to die. This did not surprise me, because I knew his manner of living. Let us all strive

to live and die as did our friend and fellow member.

Dr. C. S. Pettus:

I would like to say a word of sorrow over the death of our departed brother, and express my appreciation of his life while he lived. I met Dr. Wallis very peculiarly. It was the first year that I had ever attended a meeting of the Society, having been sent as a delegate from Union County. I had previously met Dr. Garrett, who was my friend as long as he lived, and whom I so much appreciated and admired, and as a delegate, I was anxious to have him nominated for appointment on the State Board of Health. I was on the committee, and I met with the committee, and they asked me for an expression. I said, "There are two men that I would like to mention, and that is Dr. Garrett, of Hope, and Dr. Meek, of Camden," and another gentleman spoke up and said, "I want to nominate Dr. Wallis, of Arkadelphia." Being a young man, and more impetuous than now, I said, "Who in the world is Dr. Wallis?" A gentleman spoke up and said, "Well, he is not much of a man." "Well," I said, "We don't want such a man as that. We had better look for another." And those present broke out in a laugh, and said that that was Dr. Wallis who had just spoken. Through this joke we became very close friends, and I found in him a man of such value and influence that at no time did I ever allow an opportunity to pass in which I could speak with him and associate with him but that I did.

I never met a man to know him as I knew Dr. Wallis, who was nobler, who had a clearer idea of right, and whose intention at all times was only to do the things that a true man should do. I had learned of his church life, and because of my intimate association and because of my admiration and respect for him, I never met a friend but that I spoke about Dr. Wallis, and through this I have learned much about the grandeur of his life. Sometimes I have really wondered if the meeting of such men as Dr. Wallis and Dr. Garrett and others of the older members of this Society has not been largely responsible for the change in my life, in the acceptance of Jesus Christ. For there was a time when I first came to the State of Arkansas—I believed in God. I was a Mason—when I didn't believe in Jesus Christ. But, no man who lives under the canopy of heaven believes stronger in Jesus Christ than I do, and I have wondered if it has not been largely influenced through the association with just such men as those that I have mentioned.

I consider that we have lost one of the most valuable men that we have, but, thank God, we have others living just as honorable in this Society, and I dread the day when the older ones shall leave us, as he has left us, and I wonder if there are those of us who can ever take their places. We may be, in years to come, more scientific, and we might be called more modern; but we will never be more faithful, and I fear very few will be as faithful.

It was a grief to me, hearing of the death of Dr. Wallis. I felt that I could drop a tear truthfully in sympathy with his family, but I felt that my grief was insignificant in comparison to the loss sustained by his people, of that community, and by this Society. And, with such an expression coming only from the fountain of the noblest possessions that any of us may have ever possessed, an honest heart and a true soul, I give vent to these sentiments, gentlemen, at this sad hour.

Dr. Cargile: Looking around here I see a gentleman who knew Dr. Wallis well. I was not very much with Dr. Wallis at his

home, aside from the fact that he married my step-sister. I didn't live in Arkadelphia, but was there very much, and never waited for an invitation. I was always at home there. I see a man here who boarded at Dr. Wallis's house for perhaps two or three years. Until I saw him here now, I had forgotten about it. While he was a student at Ouachita College, that man boarded at his house, Dr. Don Smith.

Dr. Don Smith:

Two or three years ago I was at a meeting of this Society. One of my best medical friends had died, and I am sure that many of my friends wondered why on that occasion I had nothing to say with reference to his death. Now, gentlemen, it is a task for me, because, being somewhat emotional, as Dr. Cargile says, I refused to say anything at that time. I was asked by his family to deliver an oration at his funeral, which I declined on account of being unequal to the task. That man was Dr. Garrett, with whom I was associated at the time at Hope, Ark. Now, in the year 1918 death visited many homes in the United States. It found roses on the cheeks of some and left ashes. Death was peculiarly kind to me in a way, that none of my blood relatives were ever sick even. I was in the service of the Government at the time at Fort Riley, Kan. I was fortunate enough to be well myself; my wife and three little children at Hope, where the influenza was especially virulent, escaped it. As I say, the Reaper was peculiarly kind to me, in that he visited none of the homes of my blood relations. But, there are those that are sometimes almost as near and dear to you as those of your family. Death struck a heavy blow when he took Dr. J. C. Wallis, of Arkadelphia.

Gentlemen, in 1889 I was a student in Ouachita College at Arkadelphia, and was a boarder in the home of Dr. Wallis. My father and his father had been friends for years, I don't know how long. And, when I was sent there, my father, who knew something of my cussedness, placed me in the home of Dr. Wallis. And it was a fortunate thing, indeed, that such was the case, because his influence over me, gentlemen, was perhaps—being at the impressionable age—the determining factor in a life that might have been a wreck. Of course, I had my mother's teaching, which clung to me through the years. My father instilled into me things that proved of value, yet those things do not always keep a boy out of things that he should not indulge in. But, while I was a boarder in Dr. Wallis's home, his influence and the influence of his lovable wife, who was a sister of Dr. Cargile's, had much to do with my conduct while a student in that school.

Now, gentlemen, here is the thing that makes you know a man is your friend. When the session was over, I found myself very much in debt. I knew that my father would not pay them; that is, he would pay them, of course, he had to pay them, but I knew that he would not send me back another year. Dr. Wallis found this out, without my saving a word to him. He went to the merchants of this town, those whom I owed, got the bills, paid them, brought the receipts to me, and told me to pay him when I could. Now, gentlemen, that's friendship. And through the years that intervened since then and now, I am sure that he never lost that friendly interest. He has invested his money and his life in the lives of the young men and women with whom he came in contact in Arkadelphia. Gentlemen, a man's influence does not die when he dies. It either goes on reigning or grows in the hearts of men and women. The kind of life

that Dr. Wallis lived will never die. It will live on for ages and ages, and it can only be exerted for good.

Now, gentlemen, I knew Dr. Wallis for thirty years. I knew him intimately. I want to make this statement, and I want you to grip it and remember it, that in that thirty years time—and this is a fact—I have never heard his name mentioned in connection with any slander or any private sin. Now, gentlemen, that is a broad statement. I am standing here as his friend, and, you might say that I see him only through the eyes of friendship. But, gentlemen, as sure as you live, that statement is true. I have never heard one thing said against the private life of this man. In business he was just as honorable, and no man can bring a charge against him in the town where he lived the greater part of his life.

Gentlemen, there is a lot of things that I would like to say, but just let me say this, and I am through: We doctors see death so much that we are apt to think that perhaps death is the end of all. You have found yourselves thinking that way. Now, gentlemen, there must be a connecting link between a mother's prayer and the Land of Somewhere. Let me say this to you: just live like this man lived, emulate his example, so that in the hour of death hope may see a star, and listening love will hear the call to a better and more beautiful life.

Dr. Cargile: We have with us a member here tonight who had a peculiar opportunity of knowing Dr. Wallis. His son was at Ouachita College, and a boarder in the home of Dr. Wallis, Dr. Brooksher.

Dr. W. D. Brooksher:

I was just thinking if I might be recreant to my duty to you as well as to the memory of Dr. Wallis if I failed to rise and give my testimonial in behalf of the life that he lived here tonight. I am not going into his professional ability as a physician, because you all know him better than I do. Dr. Wallis came into my life late. But I just want to say that I have met him on a number of occasions, and it seems that in the last few years I have been peculiarly fortunate in meeting Dr. Wallis at different places, almost every year, and I have been struck with the absolute purity of Dr. Wallis's life. I never knew a man—I don't make any exceptions, and I don't say that there are not others as pure—but I never knew a man who was as pure in speech and as clean in his life as Dr. Wallis was, so far as I knew, and I had some opportunities of knowing. I believe that there are others, and I hope that there are lots of them, but, to my own personal knowledge, Dr. Wallis was the cleanest in speech and life of any man I ever met, at home or abroad. I was peculiarly fortunate in having my boy in his home for one year, and I think that is the best investment and the best influence that has ever come to my boy for that year or for his life. And, I appreciate more the influence and the opportunity of having a boy at the age my boy was in a home like that for one year than any amount of financial remuneration or educational advantages.

Dr. Meriwether:

I knew Dr. Wallis for twenty-six years. In May, 1893, I joined the Arkansas Medical Society at Batesville. Dr. Wallis was present at that meeting, and I met him. Since that time, and during my career as Secretary of the Arkansas Medical Society, Dr. Wallis was Chairman of our Council for four years of that time, and I came in direct contact with him month after month and year after year. One year

of that time he served as President of the State Society, when our affiliations were so close that weekly we not only had correspondence and conversations over the telephone but every time that Dr. Wallis came to Little Rock he came to my office to discuss matters pertaining to the best interests and influence of the Arkansas Medical Society. In that time I learned to know and to love Dr. Wallis, because I realized his true worth and his great manhood. And, I will say to you that, in the nine years that I have been Secretary of our State Society and have been in close touch with all of our Presidents, Dr. Wallis was one of the most lovable, and, in my opinion, one of the greatest characters of Christian manhood that I have ever known of in my life. He was not a man that was aggressive, like other men. He was backward, from the fact, in a great many instances, that he was fearful of hurting the feelings of some one else. That was one of the greatest reasons that Dr. Wallis was not an aggressive man, like some men we have in Arkansas. It was not because he didn't have the moral courage or the backbone, but it was his kindly feeling toward his brother man, that he was fearful that he would in some way wound his feelings. And, frequently, it took much personal courage to force Dr. Wallis to do things that, in his own opinion and sense of feeling he knew that he should do. But he was fearful of wounding the feelings of others. And, in my opinion, that is one of the greatest traits that a man can have, his feelings for his fellow-man and the feelings of those with whom he came in contact.

Dr. M. L. Norwood:

I wish that I could make a speech that would express my feelings toward Dr. Wallis. I knew him for thirty years. While a student at Ouachita College I met him occasionally. He always poured good counsel into my ears. And, as a man, after I joined the Medical Society, I was closely associated with him. I was on the State Board of Medical Examiners with him for eight years. During that time I never heard Dr. Wallis make an unkind remark about any living man. His work in the Society will bear fruit always. Not as a contributor of papers, because his inherent modesty prevented him from doing that. But, if you search the pages of the Proceedings of the Arkansas Medical Society, you will find where he was always a consistent worker on committees, on the Council, and on anything that required detail work, that other men avoided. Dr. Wallis was always put on those committees, because the President of the Society always knew that the duties imposed on those committees would be attended to. He would not come up and ask for further time to make a report. That report would always be ready. As I said before, during all this time I never heard him speak an unkind word of any man. He was regular in his attendance upon this Society. In the twenty-three years' time, I don't think that I ever attended a meeting of the Society but one time when he was not there.

And, now he is sailing in his frail bark beyond life's seas to cast his eternal lot with those who know no sorrow and can feel no pain.

Dr. Earle H. Hunt:

Most of you have known Dr. Wallis for several years. The first time that I met him was in 1908. I was taking the State Board. I don't know how it happened that I was introduced to him, but I immediately picked him out as my possible friend. There was something about him that just made a young fellow, frightened to death as I was, like him. There was something that drew me to him in some way. I prided myself, when I came back next year to the

State Medical Society, that he knew me, recognized my face and called me by name. I thought that, maybe, I must be a pretty bright fellow, that I had put up appearance enough for him to remember me. But, I afterwards learned that that was one of his good traits. He remembered names, he remembered faces and particularly did he pay attention to the younger fellows. I have heard several young doctors, in the last ten years, since I have been a member of this Society, talking about different doctors, but I never heard any one say anything but good about Dr. Wallis. A lot of things have been said about him tonight by you gentlemen who knew him at Arkadelphia, and knew his church work. We didn't know anything about what he was doing at home, whether for good or for bad. All we knew was that he was doing nothing but good up here. And, I felt very sorry when I read in the paper that he had gone.

I want to say that I am very glad to be here at these exercises, and glad to say something about Dr. Wallis.

Dr. R. E. Cooksey:

Gentlemen, it wasn't my privilege to know Dr. Wallis personally, but I have been attending the Medical Society for ten or twelve years, and it always was a consolation to me to meet Dr. Wallis. He seemed to realize when he would come into our presence, we boys from the rural districts, and it seemed that he made an especial effort to give us a hearty handshake and make us feel pleasant. Down there in Columbia County, a good many of our pupils go to Arkadelphia, and the majority of them that come from that section are Methodists, and, about the first question that I asked those pupils, when they came home, was about Dr. Wallis, and that report was always favorable, and I want to say right here that I hope my life in the future will be such that, when I have departed from this life, such noble things can be said of me that have been said of Dr. Wallis.

Dr. Meriwether: We had four good, consistent members of the Arkansas Medical Society, from Hot Springs, who have died in the past six months: Dr. Frank Jelks, Dr. Abner H. Cook, Dr. D. Estill Holland, and Dr. John S. Wood. These men were all men in their prime, from thirty to forty-five years of age. They were all good, true and consistent members of the Arkansas Medical Society.

DR. FRANK JELKS, DR. D. ESTILL HOLLAND,
DR. ABNER H. COOK, DR. JOHN S. WOOD.

Dr. Wood, as you all no doubt remember, was a cripple. He had infantile paralysis as a child, and walked on crutches. For seven years he was Treasurer of the Arkansas Medical Society. For a number of years he was county and city physician of Hot Springs.

Dr. Abner Cook, as a great many of you know, was a young man, just in his prime. He was a Major Surgeon of the Fourth Arkansas National Guard, which did not get into the Federal service, but, when he found that they could not be inducted into the Federal service, he joined the Medical Corps of the Army, and had only been home some few days when he contracted influenza and developed pneumonia, and lived just a short time.

Dr. Frank Jelks was the son, as you older members remember, of one of our greatest and most consistent members, and one of our greatest men in the State

of Arkansas, Dr. Jelks of Hot Springs, who died some fifteen or eighteen years ago.

Dr. D. Estill Holland was a young man, who had only been practicing medicine in Hot Springs some five, six or seven years. His father, Dr. E. D. Holland, has been practicing in Arkansas for thirty years.

To my mind, the loss of these four young men, men in their prime, and in their early manhood, doing good and consistent work in Hot Springs, is a keen one, and they should receive some eulogy and remembrance at this meeting.

Dr. Earle H. Hunt:

I want to say that I had the pleasure of being in college with Estill Holland and Abner Cook. Both of these men were students far above the average. I think Dr. Holland practiced medicine six or seven years. He was graduated in 1907 or 1908, and he came to Hot Springs, and I never heard of any young man who built himself up in his profession as fast as Dr. Holland. Dr. Cook was building himself up very rapidly, and he was one of the best students that I ever came in contact with. Dr. Wood and Dr. Jelks, of course, were young men, and we were all good friends, and everybody in the Society perhaps knew them, but I wanted to lay particular stress on these gentlemen, Drs. Holland and Cook, who were wonderfully good students and successes in their profession.

Judge O. W. Scarborough of Newport: I have been very glad to be here this evening and give my testimonial to the various members of this association in behalf of those who had passed beyond the turbulent waters. It is a grand thing to have so lived that, when we shake off this mortal coil, we are not forgotten by those with whom we walked in this life. But, I sometimes think that if there is any one profession beneath the broad canopy of the sun, where there ought to be a high degree of manhood, where there ought to be a kinder spirit, where sympathy should mingle with sorrow, that profession is the medical profession. It frequently happens that he is called in the hour of emergency, when some fatal calamity has befallen mankind. He recognizes that he could not even summon those who are nearest and dearest to him. He must attend the patient, and he must watch him as the life blood ebbs away, and as the light fades from his mind and the vision of a great eternity opens up before him, who can do it except the doctor? If there is a man, perhaps, or there is a class of men, perchance, that ought to be prepared for this emergency and to be warned for that preparation by the information that they receive, it is the doctor. Almost nineteen centuries ago, there was a voice that said, "Beware of the lawyer and the doctor!" But, that was not the medical doctor. It was the doctor in science, the doctor in physics and the doc-

tor in law. It was that kind of doctor that said, "When your brother dies, you shall take his widowed wife."

Now, I have always felt, and I feel now, whether my days be limited or they be spent beyond the centuries, and I shall continue to think, that there is no man, there is no class of men in all the walks of life and in all intellectual professions, save perhaps the ministry, and not even that excepted, where a man should be prepared in soul and in mind than the medical man.

It is hard sometimes for a man to hear the subject in his hands say, "Doctor, I have not lived as I ought to have lived. I haven't walked the quiet life that it was my duty to walk." I have sometimes thought that that must be the saddest moment in a doctor's life. It might have been his nearest and best friend, attending him in kindness, attending him in generosity, attending him with all the skill and ability that he acquires from practice, experience and books. And, he must prepare that soul that must take the journey alone.

I have attended associations of lawyers; I have attended gatherings of other men who are leaders in thought, leaders in finance, and leaders in the various vocations of life, that seek to ameliorate the conditions of the physical man; but, there is no profession where more is needed than in the medical profession.

I have seen memorial services conducted where there was many an empty chair in the hall, and, I regret tonight that there are many empty chairs. I would that this hall was crowded; I would that the populace of this city would have attended so that this hall would be filled to overflowing; I would that all the medical profession in attendance on this convention could have attended these memorial services. And, I can say to you gentlemen, wherever you meet next year, I hope your memorial services will be attended by a large gathering that will fill the hall to hear you pay tribute to your departed dead, and I only hope that your departed dead at that time may be few in number.

And, I say to you now, if you have not prepared your life in the past, do so now, and so live that, when the summons comes for you gentlemen to join the innumerable caravan that moves to the silent realms of death, you "go not like the quarry slave at night scourged to his dungeon;" but

rather "like one who soothed and sustained by an unfaltering trust, wraps the drapery of his couch about him and lies down to pleasant dreams."

Dr. C. S. Pettus: There is one striking thing in the death of our three younger men, Dr. Wood, Dr. Holland, and Dr. Cook; there is a sadness in the death of these three doctors that impresses me. We have talked about our older doctors, whose reputations were made, and whom we have all learned to love, due to the many years of association, and who had reached their zenith in their profession. But these three young doctors, because they were three such congenial, companionable gentlemen, I say it carries a sadness to think that they should have been taken away before they had reached that ripe age, in which their lives had been so devoted, before they had reached that zenith that they could speak of their many years of service. I knew the three quite well. They were such congenial, lovable fellows, and it really carries a sadness different from that following the loss of our older members. I made a statement a few minutes ago about our older members of this Arkansas Medical Society. I believe that the greatest pleasure that I have had has been my association with the older members. And, I made the statement that we younger men could go on and develop science more than they did, and our views may in the future be more modern. They are certainly not more modern today than the views of the older doctors in their early days. But, we could never reach that point of greater faithfulness than these older members have all demonstrated. I speak of these doctors that are the backbone of this Society, and that we all know to love. And, as I think of what they have accomplished, and as I view their lives, after Dr. Meriwether's announcement of the death of these young men, that thought crept over me, what a sadness and what our profession has been robbed of, and how unfortunate that they could not have been spared to have been known as our older men are known and as I am sure they would have been known, if they only had been spared.

Dr. T. J. Wood: Hearing these eulogies and encomiums pronounced upon our medical brethren has certainly been an inspiration to me. There is a thrill about it. The members of the medical profession are so associated, their occupation is so peculiar, the chain of duty and

friendship that binds them together is of such character, that, as I have often said, it tends to make a man better or worse. It seems to strengthen the ties between one another, between medical brethren, more than any other occupation or association. You will notice that some of the most disreputable scoundrels on the face of the earth are called doctors. And, while we have been hearing the eulogies on our medical brethren who belonged to this Society, which is all true and without any exaggeration, the thought has occurred to me that these men have all grown better with this association, while these disreputable scoundrels have started out in the wrong direction, and the associations have made them worse. It develops good or it develops evil.

It is sad, brethren—I am tempted to say “brethren,” because we are all brethren in the medical profession—it is sad to me, on such occasions as this, to mention the names of our professional brethren who have quit the walks of man and who have gone hence to try the realities of an unknown world.

Kind Providence never imposes upon us. There is no sadness without its compensating pleasure or enjoyment. None of these men I have had the pleasure to know personally, or had the opportunity to know; but they built upon a rock. Storms have come, duties and hardships of the medical profession, temptations that physicians have that no other men have—and, I believe that I am justified in saying this, for a physician has a straight and narrow pathway to tread and has more obstacles in his way and more temptations to cause him to divert from that straight and narrow path than any other profession—but, the storms have come, the winds have blown, the thunder has pealed and the lightning has darted, and these men have still held their integrity, rounded out noble lives and gone to reap their reward. I think it is a good thing for us to meet and talk over these things. We can do these brethren no good by these memorial exercises.

They have gone beyond our reach; but we can recount their virtues, their good deeds, and can in a measure, and in some measure, gain some idea of the reward to which they have gone finally to reap. We can go with our friends, with our patients, with those who rely on us in sickness, we can go with them to the dark river, but we can go no farther. We can go with our medical brethren to the

boundary line between Time and Eternity, but we can go no farther. But, we have that great satisfaction. We can, in a spiritual sense, say that we can hear the echoes from that unknown world, that gives us some idea of the reward they have gone to reap.

“Can storied urn or animated bust
Back to its mansion call the fleeting breath?
Can honor’s voice provoke the silent dust,
Or flattery soothe the dull cold ear of death?”

The Apostle Paul says, “Eye hath not seen nor ear heard, neither has it entered into the heart of man things which God hath prepared for them that love Him.”

It is a glorious thing for us that we can recount these things, and that we can safely hope that all of these ten brethren of ours have rounded out useful lives and gone to reap the reward of the just. We might gather some consolation from this. Now, while we are eulogizing these departed brethren, I can look around me on the right and on the left and in the rear and I can see just as good men right around us and right among us as those who have departed, and we may have the hope that, when we meet again at another memorial service, if we are so unfortunate as to have to eulogize some other departed brother, we can say the same good things of them as has been said of these brethren tonight.

Dr. Meriwether: I was a little late in getting in, and I don’t know who has been reported on. Since the last meeting of the Society, we have lost Dr. Clark Wood of Fort Smith, Dr. Warren of Ozark, Dr. Clark of Morrilton, Dr. Abbott of Pettus in Lonoke County, Dr. J. C. Herod of Denning, Dr. J. C. Summers of Elm Springs, Dr. Wilder and Dr. Ozment of Fort Smith. Unfortunately, the Secretaries did not report to the Secretary of the Arkansas Medical Society the deaths in their counties during the year prior to the time they make the report. If we could get our County Secretaries to make reports of the deaths, we could have a complete list of our departed members. For that reason, the Secretary’s office is not able to make a complete report. Practically, the majority of those who I know have died were secured from newspapers, the clippings of which I saved in order to try to keep a record. Dr. J. E. T. Holliman of Little Rock, also died during the year.

Dr. Kirby: And Dr. H. L. Routh, of Batavia.

DR. S. J. OZMENT, DR. A. W. WILDER,
DR. CLARK WOOD.

Dr. W. R. Brooksher: As a member of the Sebastian County Medical Society, I just want to say a few words with reference to the three men that we have lost. The "flu" struck us pretty hard. We lost within four weeks three of our best men, viz: S. J. Ozment, A. W. Wilder, and Clark Wood. They were all, as most doctors are, true men; true to their profession, true to their society, and true to their homes; men who came up from the ranks and men whom it was a pleasure to know; and men who will be missed in the church, in their county society, in the business world, in the social world, and in the home. We miss them, and it is a pleasure to me to testify to the worth of those men, members of our society, and, as I say, men who have worked their way up, two of whom had reached the prime or a little bit over of life, and who, as somebody has said, had had the opportunity to demonstrate what was in them; and Dr. Wood being of middle age, and who gave promise of an active, energetic, well rounded out life. As a member of our society, I take pleasure in presenting these facts to you gentlemen.

DR. H. L. ROUTH.

Dr. L. Kirby: There is a member gone from my own county of Boone. I want to bear testimony to the worth of Dr. H. L. Routh, who died sometime last November away from home, in Michigan. Further statistics will be forwarded to the Secretary. Of course, I think I knew him well; I was in partnership with him in 1873 and 1874, when he lived in my neighborhood. He was a member of the Presbyterian Church. He was a Mason, having reached the Knight Templar degree. He was faithful in his attendance upon the Society. He was a friend, or was a friend when he was a friend. You could depend upon him under all circumstances. He was an ex-Confederate soldier, having served three years; not being old enough, I think, to enter in the beginning of the Civil War, he served three years to the end of the war. He was strong in his convictions; industrious, kind, affectionate, and well beloved by those who surrounded him. He was an especially intense patriot. He was filled with a desire to stand by his country. It was manifested in his efforts in behalf of the Confederacy. In the recent war, however, he was beyond the age that the Government would accept him. He made all kinds of efforts to get into the Government service and render what services that he could, but, of course, he was rejected. Although he did not have the standing or the influence or the name that George Washington had, I don't doubt but that his patriotism was just as intense.

I feel sometimes that we are forgetful of the things that are left us. I don't want to digress too much, but I went to Mount Vernon to see Washington's home when I was in the East. I saw his tomb, and even today the surroundings which are about that place are such as to show that it is superior even to this day to the places that surround it. We hear what I think are the seeds of anarchy being sown in our country. We hear said things which I don't believe are true. We hear things that I know are not true. It is insinuated that, because a man is wealthy he has no interest in his country or in his fellow-man. Washington was the richest man, perhaps, in the Colonies at the time the Revolutionary War came on. He risked his life, he risked his all, to give us, to give the poorest man there is in this country, an opportunity to have every right and every privilege that any other man has, and yet there are men who say that men of that character are not to be trusted. I want to say, of the Government that Washington bequeathed to us, that if we don't stand by it, and have that intense patriotism that is mani-

fest in Dr. Routh, and sustain this Government, the best government there is on earth, we would have no privileges or rights here, and the men who deery such patriotism or who are not imbued with the same patriotism as Dr. Routh, ought to be driven from the country. And, I want all of us, as much as we can, to uphold that Government or get out of it. (Applause.)

Dr. Cargile: I want to review a little of the history of our memorial meetings. I am ashamed of it. It should bring a blush of shame to our faces. It is disgraceful. It became a part of the regular order of business for this organization to have a memorial service. They tried having it one night during the session, usually out somewhere in a church. Some of you older members remember about it. Instead of coming to the services, the members go out to the theater; they go out somewhere or something else; and the attendance has dwindled and dwindled, until it fell to hardly anything at one here. But, anyone here tonight who was at that meeting cannot forget it. It was down in the Presbyterian Church. I remember that year we lost some of our best members, men who deserved to be revered and honored, and who should have been honored. I think there were thirteen of us there. Two or three times since we had a good attendance. Then, it died all at once; it died of indifference; it died of our neglect of our deceased members. I am not saying this to claim anything for myself, but I want to give you the history of this matter. We had no memorial meetings until three or four years ago. What I did yesterday was a repetition of what I did then, or four years ago. I asked for and pleaded for a revival of our memorial meetings, such memorial meetings as we have had. I argued for setting aside a time during the regular session of this Society to have a memorial meeting that was worthy of the name, that meant something, that had some spirit in it, some reverence for our deceased members. Then, as now, the argument was that we could not afford to take the time away from our regular program. Gentlemen, we can take the time away from everything to do our duty to these deceased members. But, although that objection was urged against it then—it has been urged this time—we prevailed, and the next night we had a memorial meeting that was worthy of the name. It was in the General Session instead of the House of Delegates. It has been going down and down since, and I am ashamed to see what it is tonight, but it is a good deal better than it was years

ago. There were only thirteen there that night, as I said. According to the order of business of this Society, if you will read the order of business, you will find that it comes up in the House of Delegates along with the reports of committees. You know who attends the meetings of the House of Delegates; the delegates. The others who are not delegates are not there. Now, on such an occasion every member of this Society ought to be there and have as much right as a delegate to make appropriate remarks about these deceased members who have gone before us. Now, yesterday, I tried just what I tried to do at Texarkana and succeeded there. I failed here. It has failed here, because they say we cannot afford to give this much time from our regular session of the General Session, in which all members—delegates and all of us—have an equal opportunity to be heard. The only way in which we can have a memorial meeting is to have it in the daytime, and have it on the afternoon of the second day, and let it not be set aside for anything else, and then we could get a good attendance. The only good attendance that we had was when we had it that way. At the General Session yesterday, I made a motion, and the General Session adopted it, that we request the House of Delegates to provide for such a meeting on the program next year, to change the order of business in that way. My understanding is that the House of Delegates didn't approve it. They wanted it at night, like this. You know where most of us go at night; we are here and there, and we can't get the members here. Now, I would like to make this motion, that we unanimously approve of having this meeting in the afternoon or forenoon, and not at the tail end of the session nor the first thing in the session; but let it come in the middle of the session, when we are apt to have the best attendance; on the second day of the meeting; and again register our appeal that the delegates so provide. Seconded.

Dr. Meriwether: I think Dr. Cargile has an entire misconception of what has been stated in regard to the memorial services. If you gentlemen had the trouble and knew the difficulties of getting up a program for the scientific session of the Arkansas Medical Society, you would have some conception of what it would mean to have a program printed, with men on it who come here to read papers, after considering the difficulties that we have to get up this program, and

then break into the afternoon session of a half day and destroy and distort your whole program. There has never been any disposition on the part of anybody connected with the House of Delegates or anybody in this organization, to cut down the memorial services at any time, if there was a specific time set for these memorial services, so that it would not conflict with the scientific program. You can't get men to come here and read papers, or get them to agree to read papers, and then take up a half day, like we did at Texarkana, with memorial services, and thus prevent those men from reading their papers. They go away disgruntled and dissatisfied. Now, then, if you will set apart two hours or three hours on any specific day, and let it be known that this time is so devoted, so that there cannot be any conflict with the scientific program, there will be no objection, no dissatisfaction, and everything will be absolutely harmonious. But, when you distort and destroy your scientific program, after the amount of time and work we have put in to get these men to read papers, it is not right. Here yesterday afternoon, in the scientific session, we had an hour and a half absolutely wasted with a lot of motions and discussions that should not have been allowed to come up during this scientific session's work. They are the scientific session. No resolutions or anything else can be offered. That time is set apart solely and wholly for the scientific session. And the only way that we can bring up a motion or resolution is to adjourn your scientific session and call the General Session to order, and then those things are permissible. But we lost an hour and a half yesterday afternoon here with a lot of motions and discussions that were absolutely out of order, every one of them. Now, if this resolution that they introduced here this morning in the scientific section had been referred to the House of Delegates, requesting the Scientific Program Committee to set aside two hours or three hours or four hours or five hours, if they wanted to, on any specific day during that time, for memorial services, I will assure you that there will not be any scientific session during those hours.

Dr. Cargile: I am glad that Dr. Meriwether and I agree exactly. He says, "Break into the scientific session." If he will go back with his memory to the Texarkana meeting, that was just what we requested, that a time be set aside, sometime when we are all to-

gether, whether you call it in the scientific session or the general session, but not the House of Delegates. That was the request then. The Society voted it and made a request to have it done. Inasmuch as he has been Secretary all the while, and had a good deal to do with the program, I say that he has forgotten that request, which he should have remembered, and put on the program, and then he could not say this was breaking into the scientific program. But, set a time for it; you can have some papers before and after, but let it have a place of its own, and then there will be no break in the program of the scientific session. We all see these programs before we come here; we will know that an hour is to be devoted to memorial services. So, the doctor and I do not differ at all. He just neglected, or whoever made up the program just neglected, to heed that request.

Dr. Kirby: As I understand it, they can make a recommendation to the Committee on Scientific Program.

Dr. Meriwether: You will have to destroy and get rid of the Committee on Necrology, which is one of the standing committees of the Arkansas Medical Society.

Dr. Cargile: Why not let that committee continue, and let it be its duty to accumulate these facts and secure members to speak concerning the different deceased members. It is not necessary to discontinue that committee.

Dr. Meriwether: This committee, as I remember, was by resolution discontinued five years ago, on account of never making a report. I think it was continued again one year later, and they have made one report in the four years that they have been in existence. They never made any report this year. They didn't make any report last year, except as the members got up in the meeting and made reports. So, really, I see no occasion to have a Committee on Necrology. It is all right to have these memorial services; let the men from the various sections of the State get up and give us the names and pronounce eulogies on their departed dead. But, so far as the Committee on Necrology is concerned, I think it is absolutely useless, because they do not make their reports.

Dr. Kirby: What is the pleasure of the Society?

Dr. Cargile: Was there a second to that motion?

Dr. Kirby: Yes.

Dr. Cargile's motion carried.

HOUSE OF DELEGATES.

THIRD DAY—THURSDAY, MAY 22, 1919.

The House of Delegates was called to order by the President, Dr. Ellis, at 2:00 o'clock, p. m., there being a quorum present.

Dr. Ellis: The first order of business is the report of the Nominating Committee, Dr. Eberle, Chairman.

Dr. Eberle: The Nominating Committee begs to report that they have made the following nominations:

For President—Dr. J. H. Kennerly, of Batesville; Dr. George S. Brown, of Conway; Dr. J. M. Lemons, of Pine Bluff.

For First Vice President—Dr. C. E. Kitchens, of DeQueen.

For Second Vice President—Dr. A. L. Carmichael, of Little Rock.

For Third Vice President—Dr. R. E. Cooksey, of Magnolia.

For Secretary—Dr. C. P. Meriwether, of Little Rock.

For Treasurer—Dr. W. R. Bathurst, of Little Rock.

Councilor First Councilor District—Dr. J. B. Stidham, of Hoxie.

Councilor Third Councilor District—Dr. T. J. Stout, of Brinkley.

Councilor Fifth Councilor District—Dr. F. E. Baker, of Stamps.

Councilor Seventh Councilor District—Dr. W. T. Wootton, of Hot Springs.

Councilor Ninth Councilor District—Dr. L. Kirby, of Harrison.

Delegate to the American Medical Association—Dr. R. C. Dorr, of Batesville.

Two alternates are necessary, because Dr. C. P. Meriwether is the other delegate. For Dr. Meriwether's alternate, the committee has chosen Dr. J. B. Dooley, of Little Rock.

Dr. Dorr's alternate is Dr. E. L. Watson, of Newport.

The committee also recommends that an appropriation of \$150.00 be made to pay the expenses of the Secretary, Dr. Meriwether, to the American Medical Association.

Thereupon, the House of Delegates proceeded to ballot upon the three names submitted by the Nominating Committee for President, and Dr. Brown, having received a majority of all the votes cast on the first ballot, was declared by the President to have been elected to the office of President for the ensuing year.

Dr. Thibault: Inasmuch as there is only one candidate for the other offices recommended by the Nominating Committee, I move you that the Secretary be authorized to cast the entire vote of the House of Delegates for the other officers named by the Nominating Committee.

Seconded. Carried.

Dr. Meriwether: I cast the vote of the House of Delegates for the other officers nominated by the Nominating Committee.

Dr. Ellis: It will be necessary to adopt the report of the Nominating Committee as a whole.

Dr. Southard: I move that the report be adopted.

Seconded. Carried.

Dr. Meriwether: We have a report of one of the committees sent in since the last meeting, the report of the Committee on Infant Welfare. I would suggest that it be accepted without reading it, and made a part of the records.

Dr. Norwood: I make that motion.

Seconded. Carried.

REPORT ON THE INFANT WELFARE COMMITTEE OF THE ARKANSAS MEDICAL SOCIETY.

To C. P. Meriwether, Secretary:

We, your Committee on Infant Welfare, beg to submit the following report:

Through correspondence with physicians in various parts of the State, we have endeavored to create as much interest as possible and urge the organization of the work for the betterment of conditions pertaining to infant mortality and prenatal care. We have also called on or rather had extensive correspondence with the Secretaries of the various county medical societies, urging the adoption of French orphans. As results of efforts along this line there are adopted by the county medical societies approximately forty French orphans.

The committee recommends that during the coming year many other things of importance to bring before the medical profession of the State; that every county medical society be urged to give at least one meeting toward forming an Education Campaign on Infant Mortality and Prenatal Care.

We sincerely hope that the society through its Committee on Infant Welfare will gradually build up a general education campaign along this line, and we feel that much good may be accomplished through this committee.

Respectfully,

H. H. NIEHUSS, *Chairman*,
F. O. MAHONEY,
MORGAN SMITH,
O. E. JONES,
W. T. LOWE.

Dr. Ellis: We will now have the reports of the Reference Committee.

REPORT OF REFERENCE COMMITTEE.

We, your Reference Committee, heartily approve the report of the Committee on Cancer Research together with its recommendations.

We, your Reference Committee, on the report of the Committees on Health and Public Instruction and the Prevention of Typhoid Fever and Malaria, approve the same and recommend that the committee be continued for the coming year.

J. G. EBERLE,
R. C. DORR,
LEONIDAS KIRBY.

Dr. Ellis: The next matter is the report of the Council.

REPORT OF THE COUNCIL.

To the House of Delegates:

The Council begs to report that they have allowed the following sums for the purposes mentioned, as set forth in bills rendered and information given.

\$200.00 allowed the Committee on Prevention of Typhoid Fever and Malaria for the ensuing year.

\$1.20 allowed Dr. J. M. Lemons, for the services of a stenographer and postage.

\$262.00 allowed Dr. C. P. Meriwether for moneys advanced by him for postage, telephone, stenographer, etc.

\$106.00 allowed Dr. C. P. Meriwether for moneys advanced in connection with work done for the Council of Defense.

\$341.01 allowed Dr. W. R. Bathurst, editor of the Journal, for office expenses during the past year, postage, etc.

\$750.00 was allowed as an honorarium to both Dr. Meriwether and Dr. Bathurst for the past year.

We, your committee, have examined the books and accounts of the Secretary and Treasurer and find the same to be properly kept and all accounts correct.

DON SMITH,
H. H. RIGHTOR.

Dr. Rightor: I forgot to say that Dr. Carmichael has a bill for \$10.00 that he did not get in in time for the Council to pass on it, for postage in connection with his services as Chairman of the Program Committee. I request that that be taken care of.

Dr. Ellis: You want that incorporated in the report.

Dr. Rightor: Yes.

Dr. Norwood: I move the adoption of the report as read.

Seconded. Carried.

Dr. Meriwether: I have the following resolutions that have been referred to the House of Delegates:

Resolved, That it be the sense of the members of the Arkansas Medical Society present at the memorial services Wednesday night, May 21, 1919, that the House of Delegates be requested to set aside some time during the second day of all future meetings of the Arkansas Medical Society for services in memory of deceased members.

Dr. Thibault: I move the adoption of the resolution.

Seconded. Carried.

Dr. Meriwether: I have another resolution, signed by Dr. Morgan Smith, as follows:

Whereas, A resolution was adopted by the House of Delegates at the Texarkana meeting, 1916, restricting the reading of papers at the Annual Meetings of this Society to the members thereof; and,

Whereas, The adoption of said resolution has prevented the invitation of distinguished members of the profession of other State medical societies to partici-

pate in the scientific programs of this Society; therefore, be it

Resolved, That the Society hereby removes all restrictions heretofore placed upon the Program Committee by the said resolution.

Seconded by Dr. Mann.

Dr. Meriwether: No such resolution as this was ever adopted at the Texarkana meeting. But a resolution was introduced at the Texarkana meeting leaving it absolutely to the discretion of the Scientific Program Committee as to whether they would invite in outside men or not. This thing first started about eleven years ago when I was editor of the Journal of the Arkansas Medical Society. We had a very distinguished doctor come to us from a neighboring State and read a paper before the Arkansas Medical Society, and gave in his paper, which, as we all know, is the property of the Arkansas Medical Society. He read that paper before our Society; he immediately left here and went the next week and read it before another State Medical Society. Two weeks following he read it before the third State Society. At that time we did not get copies of the various State Journals. We were about six months publishing this paper as an original article in the Journal of the Arkansas Medical Society. Then I began to be jumped upon by other journals in the United States for stealing property. Now, this man read these papers to all three societies, gave it to them as an original article. I published it in the Journal after it had been published in two other State Journals, and I was accused of plagiarism. We have had men come here from adjoining States and read papers before the Arkansas Medical Society, and, under one pretext or another, they did not give their papers in, but took them home for correction, and they read them before other State societies, they published them in other journals and we never did get them. We had a very well-known surgeon, a man of national reputation, invited to Little Rock five years ago, when we met in the old Presbyterian Church at Fifth and Scott, to read a paper to us on surgery. This paper had to be an original article, as we all know. He read from a reprint that he had of a paper that he had previously read, and that had been published in William H. Wood's journal, the Medical Record. It was copyrighted. We could not even publish that in our Journal. Now, I think that this thing should be left

as it is, to the discretion of the Scientific Program Committee as to whether or not they should invite these men. It is all right. I think that we should have every year some man from outside, probably some man of national reputation, to read a paper or a special oration on surgery, and another man deliver an oration on medicine, but I believe that it should be left to the discretion of the Scientific Committee as to who they invite and when they invite them. (Applause.)

Dr. Mann: I want to say a few things about this. If Dr. Meriwether didn't read the other journals, or whoever's duty it was to read them, and see that these articles had been printed, no doubt there are men in the State that never read the other State Journals. Now, if a man like Crile, Mayo, or men of that kind, should go to New York and read a paper and then come down here and read the same paper, that is no excuse why Mayo or Crile should not be invited to read a paper before the Arkansas Medical Society. If the Bishop of the Episcopal Church of the Southern Methodist Church, or a distinguished speaker, who has spent six months or a year or two years or three years or five years in working on and doing something in preparing a sermon, just like a doctor has done something that is original, and comes and presents that to the Arkansas Medical Society, like the Bishop would preach a sermon in Little Rock and Dallas and Fort Worth and Texarkana, that is no excuse at all. That very resolution prevents or handicaps the Scientific Program Committee from inviting these men. Now, I want to tell you that some of the best talented doctors in the United States ought to come before this Arkansas Medical Society every year, and at least one man a day, and present some paper with lantern slides. Those men ought to come here. This Society ought to be a post-graduate school, and, if it could be, should run over an entire week, where the men could come to the Society and take something home with them. Now, I am not talking disparagingly of the Program Committee of the Arkansas Medical Society—I have been on the committee many times myself—but I do want to say that, to make the Society attractive, the best talent in the United States ought to be here, if we can get them, and let us learn and absorb from those men. Whether they read this paper somewhere else or not, let's hear what they have

to say; I think we should have lantern slides in connection with the papers. I think men like Dock, from St. Louis, and Mayo and Crile should be invited back here, and the best talent in the United States, and give our men in Arkansas the very best thought and the latest thought in medicine that they can get. If these papers are read again, I don't think it makes any difference.

Dr. Southard: As I understand that resolution, it throws our doors open to practically anybody that wants to come here. Now, I am first, last and all the time opposed to anything of that kind. If we do that, we will have our Program Committee and our Society taken up by first one man then another. It gives us no discretion in the matter of who shall come here and present papers. That is a matter that ought to come absolutely from this Society by invitation of our Program Committee. If it is left that way, they can select men and they could come here and give us papers that are worth something. I can remember, when we have had men come here, they have occupied nearly half the time of the meeting of this Society, reading their papers to the exclusion of the members of this Society who had papers to read, but had no time to read them. Now, then, if we don't do that, the result will be that the members of this Society, who are competent to read them, will be excluded by some doctor that doesn't care to listen, but comes in here to occupy our time.

Dr. Mann: The resolution says by "invitation."

Dr. Meriwether: I think the whole thing is out of order.

Dr. Norwood: Yes. There is nothing in that. In answer to Dr. Southard, nobody can come here, under that resolution, without an invitation of the Scientific Program Committee; that is the only way that anybody could get on the program. I move you that we table that resolution.

Seconded. Carried.

Dr. Meriwether: It seems that a great many of the members have an idea that that resolution adopted at Texarkana in 1916 absolutely cut this off; it does not do it, it just leaves it absolutely to the discretion of the Scientific Program Committee.

Dr. Mann: That's what this says, too.

Dr. Meriwether: No.

Dr. Ellis: We would like to have a report from the Committee on Necrology.

Dr. Mann: I have no report, as I didn't get here until late yesterday evening and the meeting had already been held. I will get up one and mail it to you.

Dr. Ellis: I direct that you mail that report to the Secretary.

Dr. Meriwether: Dr. Smith, Chairman of the Legislative Committee, is present.

REPORT OF COMMITTEE ON MEDICAL LEGISLATION.

Gentlemen—As Chairman of the Legislative Committee, I desire to report that an effort was made during the session of the last Legislature to secure the passage of a bill providing for a single Board of Medical Examiners.

This bill was a copy of the Georgia law, which is considered a model law. The effort to secure the passage of this bill was unsuccessful. I recommend that a similar bill be introduced at the session of the 1921 Legislature, and a determined effort be made to secure its passage.

An effort is being made by the city administration of Little Rock to increase the city revenue by means of an occupation tax. The first draft of this plan provides that all doctors who have practiced in Little Rock for five years or more should pay an annual tax of \$50.00. Those practicing less than five years, \$25.00.

This tax was thought to be excessive, and after consultation with those in authority, a reduction was agreed upon, providing that doctors having practiced for five years or more be assessed \$25.00, and those having practiced less than that time, \$12.50.

Respectfully submitted,

W. F. SMITH, *Chairman.*

Dr. William Breathwith, of Pine Bluff: The University of Arkansas is interested in all educational methods. There seems to be an opportunity to pass the Tanner bill through Congress, which gives to all States additional resources for educational extension and support. Dr. Ellis, your President, asked Dr. Kirby and myself to listen to Dr. Riley's statement of it, and to formulate a statement to be sent to Hon. Franklin B. Lane, of the Society was so advised, and we have prepared this passage, and Dr. Riley will answer any questions that any body may feel inclined to ask him with reference to the situation.

"The Arkansas Medical Society, in annual session, indorse and urge the passage of the bill for the support of the educational extension division of the Bureau of Education, and the Tanner bill."

Dr. Riley, of the University Agricultural Department, is here, and will be very glad to answer any questions.

I move the adoption of this resolution.

Seconded. Carried.

Dr. Ellis: The Secretary will prepare the message to be sent to Mr. Lane.

Dr. Ellis: Just send the report to the Secretary, so that it will be published in the Journal.

Dr. Meriwether: We have here some communications.

Dr. Ellis: Read the telegrams.

Dr. Meriwether: Here is a telegram, from the Eureka Springs Commercial Club, addressed to the House of Delegates, Arkansas Medical Society:

Eureka Springs is counting on entertaining your Convention nineteen twenty. Need advice of every physician in State to make benefits of this resort known and available to health and pleasure seekers. We are calling for doctors. Don't refuse us.

Dr. Ellis: What will you do with the communication?

Dr. Eberle: I move that it be filed. Seconded.

Dr. Meriwether: Leave it open until the place of meeting is taken up.

Dr. Ellis: We will take up now the selection of the place of meeting for next year.

Dr. Huntington: In behalf of Eureka Springs, I would like to extend an invitation to meet there next year.

Dr. Palmer: Jefferson County Medical Society extends to the members of the Arkansas Medical Society a hearty welcome to come to Pine Bluff for their 1920 meeting. If they will come, we will do all we can to entertain them.

Dr. Ellis: There being no other nominations, we will proceed to vote by ballot on a place of meeting for next year.

A ballot being taken, Eureka Springs received a majority of the votes cast as the place of meeting for next year, and was so declared by the President.

Dr. Ellis: If there is any unfinished business, I suggest that that be forwarded to the Secretary so that it can appear in the Journal at the proper time.

Dr. Thibault: We generally find ourselves under obligations to the railroad companies and some other institutions for entertaining us. In case there be such, I move you that the Secretary be authorized to extend the thanks of the Society to any institution or person to which we owe such courtesy.

Dr. Meriwether: I don't know that we owe any vote of thanks to anybody except the medical school for their attention and service to us in preparing this place of meeting, and

giving us their rooms and services. I think we do owe a vote of thanks to this Scientific Program Committee, because they have done a whole lot of work.

Seconded. Carried.

On motion, the House of Delegates adjourned sine die.

GENERAL SESSION.

THIRD DAY—THURSDAY, MAY 22, 1919.

The General Session was called to order by the President at 3:45 o'clock p. m.

The report of the Nominating Committee was read to the General Session.

Dr. Meriwether: The House of Delegates elected Dr. George S. Brown, of Conway, as President of the Arkansas Medical Society for the ensuing year. (Applause.)

Dr. Ellis: I will appoint Dr. Lemons and Dr. Kennerly to escort Dr. Brown to the President's chair. (Applause.)

Dr. Brown:

Gentlemen—I am very much surprised. All of you who know me know that I cannot make a speech, and, if I were to attempt it, I know that you would break your legs, some of you, getting out. So, you will have to excuse me. I certainly thank you very much for this manifestation of your confidence and esteem. I appreciate it, more because you have elevated me to that position, the highest position in the gift of the profession. I feel, though, that I am incompetent to fill this place properly; but, if you will all give us your support, each and every one of you, we may be able to accomplish something. And I want you to know that I will call on each and every one of you to stand by us, and to go to work now to get up papers and prepare for the next meeting. Let us try to make the meetings better every year. And, then, I would like to say this to the men who have been in the Army, and especially to those who have been in France, that we especially invite them to give us some of their experiences at the next meeting. You learned much on the other side that we do not know and that we could not know, and you can give us a report of the work over there that would be of great interest to the Society, and I know it will be to me. I wish to say that a short time ago, at my town of Conway, Dr. W. A. Snodgrass came up and gave us a talk for one hour and a half on his experiences in France, and it was the most interesting thing I have heard for years. I didn't know he was talking so long. The only thing I regretted is that he quit so quick. It was indeed interesting. I know that many of you who have gone over can do the same thing, if you will just try, and I feel that you will.

Now, gentlemen, it is said sometimes that, when you want to get rid of a man, when you want to retire him, you elect him to the presidency of the Society. Now, gentlemen, I am not old. I am too young to be retired, and I refuse to be retired. And at the same time I am too young to be chloroformed.

Gentlemen, again I want to thank you for what you have made me today. I thank you more than I have words to tell you. (Applause.)

Dr. Brown, President-elect: Any resolutions or memorials to offer?

Dr. Street: I have one that I would like to offer.

Whereas, Information has been received that Eberts Field will be abandoned by the Government; and,

Whereas, Lonoke County and Lonoke have contributed aid to the Government in obtaining this field; and,

Whereas, All of the property there will be sacrificed; and,

Whereas, The hospital part of said property can be of great benefit to the citizens of Lonoke County and the Government also at a later date in solving matters to the Government;

Therefore, We, the Arkansas Medical Society, would recommend that this hospital now located at Eberts Field be donated to Lonoke County, the Government retaining the privilege of again using said hospital should it be needed at any time later.

Now, gentlemen, I ask all of you to indorse this. It is necessary. Now, that is, for us to obtain it. The citizens of Lonoke County and the town more particularly went out and contributed to the Government about \$25,000.00, and gave them absolutely the use of the land on which they built this Government Reservation there. They took the money out of their own pockets. They have done various other things. And, the Government did a great work down there in preventing men down there from getting infected with malaria, and the citizens helped in this work. The Government did great work in this respect which is going to be of permanent benefit to us. We have done all that the Government has asked us to do. We feel like the Government will in return turn around and give us this hospital for our use. This hospital is sorely needed, and, if we can show the proper representation and can get your indorsement, we may be able to get this hospital, and we come to you as brothers and ask your cooperation.

Dr. McCurry: I move that this resolution be adopted.

Seconded. Carried.

Dr. Street: In behalf of the citizens of Lonoke County and Lonoke, I extend to you our hearty thanks.

Dr. McCarroll: I have another little matter that I want to bring before the Society. Through the instrumentality of several agencies, some of which the doctors of the Arkansas Medical Society had to do with, the business management of the Arkansas Baptist Advance discontinued the publication of patent

medicine advertisements, and I think this is a thing that can be carried farther in other similar papers in the State. You all, who are patrons of these papers, can do more than any one else.

We, the Arkansas Medical Society, in annual session, wish to extend our thanks to the business management of the Arkansas Baptist Advance for discontinuing the publication of patent medicine advertisements, and that a copy of this resolution be sent to them and the Journal of the Arkansas Medical Society for publication.

I want to move its adoption.

Seconded. Carried.

Dr. Meriwether: In announcing the proceedings of the House of Delegates and the election of the officers, I neglected to state that Eureka Springs was selected as the next place of meeting for 1920. I also wish to state that I have been delegated the power by the Temporary President of the Association of Medical War Veterans to get members at this meeting. Now, they have drawn up a temporary constitution and by-laws, appointed by a committee in Washington, and the object of this organization shall be to perpetuate fellowship and to prepare a history, and secure coöperation for the mutual benefit of the medical men who served in the world war from 1914 to 1918, and for the mutual improvement and social intercourse of its members. I am just going to read a section or two. "The following persons shall be eligible to membership in this association: 1. All medical officers and contract surgeons of the United States Army, Acting Assistant Surgeons of the United States Public Health Service who have served in the Medical Corps of the United States Army, United States Navy and the United States Public Health Service. 2. All medical members and medical examiners of local examining boards, medical advisory boards and the medical men of district boards, officially appointed by the President of the United States, Provost Marshal General of the United States and the Governors of the various States."

I wish to state that the first meeting of this organization will be held in Atlantic City on the last day of the meeting of the A. M. A. I have the applications and the dues are only one dollar a year. To all who so desire, I shall be glad to give application blanks and accept their dollar, or they can mail it to me sometime between now and June 5.

Dr. Brown: Any other business before the General Session?

Dr. Norwood: I move that the General Session adjourn, and the scientific section be reopened.

Seconded. Carried.

At the conclusion of the scientific discussion of the paper, "The Control of Tuberculosis as a Problem for the United States Government," by Dr. J. D. Southard, the following discussion was had and the following resolutions adopted:

Dr. Kirby: I make a motion that the President appoint a committee to draft proper resolutions on that.

Dr. Lutterloh: Here is the resolution: That a committee on ten be selected to memorialize Congress to pass a law for the study and control of tuberculosis in order that we may rid our State and Nation of this scourge.

I think that Arkansas ought to take the lead in this thing. I appreciate what my friend, Dr. Southard, has said. I tell you it is a hard matter to get the county to appropriate \$200.00 for every one of these fellows sick with tuberculosis. There is my trouble. We will send twenty or thirty men, say, every month or every two or three months, and the County Judge says, "We can't do these things. We haven't got the funds to pay for this." There is something the matter with our law. We can do nothing until we get the people educated along that line.

Dr. Barlow: I would like to amend that to make it three instead of ten. The best committee is three with two of its members sick.

Dr. Meriwether: I would like to second the amendment.

Dr. Lutterloh: I would like to amend that amendment by stating that we have nine members, one from each Congressional District, and let each do some missionary work in his particular neighborhood.

Dr. Meriwether: There are only seven Congressional Districts.

Dr. Lutterloh: All right; make it seven.

Chairman: Do you wish to amend this motion, Dr. Barlow?

Dr. Barlow: I would rather have three; but seven is all right.

Dr. Phillips, Chairman: You withdraw your motion?

Dr. Barlow: Yes.

Dr. Kirby: You don't want to put in there other States.

Dr. Lutterloh: No. We want Arkansas to go it alone.

Dr. Meriwether: I would like to ask Dr. Lutterloh a question. Is that the resolution that you want us to adopt or do you want this committee to get up a special resolution?

Dr. Lutterloh: Yes. Of course, that's the resolution for this Society to act upon.

Dr. Meriwether: For this committee.

Dr. Lutterloh: Yes. Just a motion.

Dr. Southard: I would like very much for something to be done immediately in the way, as I suggested, of sending copies of this resolution to get the work started. I am afraid, if we get a committee like that, it would delay matters. And, the American Medical Association meets now in a short time, and I think we ought to have something to send before that Association and get the matter started. From the interest that I have seen here today, it encourages me to believe that medical men everywhere will take the same sort of interest, and, if we could get before them some sort of plan, we could accomplish a great deal of good and do it quickly. We could go ahead with this in a more deliberate manner, but I would like something in the way of a resolution drafted now to be sent, as I suggested, to these various organizations and individuals.

Dr. Meriwether: I am very much like Dr. Southard. I have had a good deal of experience with committees. The smaller your committee is, the better work you are going to get done. If you are going to have a committee of seven men, one from each Congressional District, you are not going to do anything. If you will have a committee of two or three men, and appoint them now and let them get busy, you will accomplish something, but, you are not going to do anything with seven men scattered all over Arkansas, one from each Congressional District. (Applause.)

Dr. A. U. Williams: I am in favor of that motion, but still I would like to table it so that we could start over again. Congressmen have been flooded with memorials and resolutions from different societies over the country, not in regard to this, however, and, if we want to accomplish anything, we had better get some help. If we will memorialize or send a resolution to the American Medical Association and get the American Medical Association behind this movement, something might be accomplished, as they have some power and

some influence in Congress. Otherwise, we will fail.

Dr. Meriwether: As I understand Dr. Southard's recommendation, it is not only that the American Medical Association be called on to help out in this thing, but at the same time this committee send this to the Congressmen.

Dr. Williams: You have to have some influence behind you. The American Medical Association can do ten times as much in thirty minutes as we will do in two years.

Dr. Meriwether: I might state this, that, unless we get some specific proposition before some specific organization or somebody to take care of this, we will be just in the same attitude that the medical profession is with the United States Government today.

The only way that we are ever going to be able to get anything or control anything in a medical line from the United States Government is to make a fight for a cabinet office as the head of the Medical Departments. (Applause). There is the place for us to make our fight, and not let this work be scattered out under all the various and different heads and departments in the United States Government.

Dr. Williams: I move as a substitute for this motion that the words "that the resolution be sent to each Congressman" be stricken out and the American Medical Association be substituted; memorialize the American Medical Association instead of Congress.

Dr. Lutterloh: I don't believe that we elect to Congress men that are ignorant regarding the health conditions in their communities. I don't believe that there is a Congressman that hasn't a brother, a sister, a relative or a friend who has tuberculosis. We haven't got to educate that fellow very much. All we have to do is to show him that the Arkansas Medical Society favors that and that the State favors it, and other States are favoring it, and he will go to work and see if he cannot give us some remedy, and that was the idea of having seven men, because, if there are seven districts, each man can intercede with his own particular Congressman. Dr. Meriwether's point may be well taken, that it may be too large; but, if it is in order, I move that we reconsider the question of seven and then make a motion in behalf of three. I made the motion. It is in order for me to make a motion to reconsider the motion that seven be appointed. I would like to get a second to that and that will end it.

Dr. Stewart: I will second Dr. Lutterloh's motion.

Dr. Rightor: I move that the motion be tabled.

Dr. Williams: I second it.

Motion to table carried.

Dr. Lutterloh: I make a motion that a committee of three be appointed to have it in charge, to get up some kind of agreement, to formulate some kind of resolution to start the thing going.

Dr. Williams: Doctor, to whom do you want to present the resolution? Congress or the American Medical Association?

Dr. Lutterloh: Leave that to the Committee.

Dr. Williams: All right; I second that.

Dr. Phillips: The motion is made and seconded that a committee of three be appointed to draft resolutions, to be determined among themselves.

Carried.

The following discussion took place during the Scientific Session on Thursday morning:

Dr. Southard: I have a resolution I would like to offer, from the committee appointed to draft this resolution on tuberculosis.

RESOLUTION ADOPTED BY THE ARKANSAS
MEDICAL SOCIETY AT LITTLE ROCK
MAY 22, 1919.

Whereas, Tuberculosis destroys more life and health in the United States than any other single agency, nearly 200,000 American citizens dying of this disease every year, and,

Whereas, It is a communicable, preventable, and in its early stage a curable disease, therefore, be it

Resolved, By the Arkansas Medical Society assembled in annual session at Little Rock:

1. That we believe the Government of the United States can, and that it is the only agency that can, adequately prevent and control tuberculosis in this country, and that in view of the terrible death and sick rate which this disease produces throughout the Nation, we believe it is the duty of our National Government to immediately or as soon as practicable, institute a nation-wide campaign against this disease to the end that those who are now afflicted may receive instruction as to how they can most probably get well, and be helped if they need help, to do so, and that those who are now exposed to infection from this disease may learn the best means of avoiding it.

2. That in behalf of the hundreds of thousands of our fellow-citizens in the United States who are now victims of this malady and destined soon to die unless speedy help is given, many of whom it is now too late to help, and especially in behalf of the millions of others now living and yet to be born only to die prematurely of tuberculosis unless effective preventive measures, impossible to any other agency than the National Government, shall be adopted; we appeal to our President, and to our Senators and Representatives in Congress, to act as speedily as they consistently can in the adoption of some comprehensive plan and effective measures to check,

prevent, and cure tuberculosis in the United States of America.

3. We believe that the best means of accomplishing this would be through the establishment by the United States Government of a Department of Health with a cabinet officer at its head to take over and coordinate all public health work now being performed by the various boards, commissions, and bureaus, some 17 in number, operating at present under the Treasury, Commerce, Interior, and Labor Departments, thus reducing operative expense, concentrating efforts, increasing efficiency and conserving the life and health of the Nation.

4. That we believe, pending the establishment of a Department of Health, a commission to be known as the United States Tuberculosis Commission should at once be appointed, headed preferably by Dr. Gorgas, with ample authority and means to, first, organize and institute an educational campaign against tuberculosis in the United States; second, to study and develop in collaboration if they choose, with the United States Public Health Service and others, a comprehensive plan for the prevention, control and cure of tuberculosis in the United States by the United States Government, this plan to be submitted for adoption by the Government as soon as practicable.

5. That we believe all municipal and State agencies now engaged in anti-tuberculosis work should be utilized so far as practicable but that it is essential that the United States Government should control and carry on the work, all States coöperating.

6. That copies of this resolution be sent to President Wilson, to all members of Congress, to the American Medical Association, to the National Association for the Prevention and Control of Tuberculosis, to the Surgeons General of our Army, Navy, and Public Health Service, to all State Medical Societies, and other organizations known to be engaged or interested in the work of prevention of tuberculosis.

7. That all the above named persons and associations are requested and urged to coöperate and assist in furthering the purposes here outlined to the end that tuberculosis may, as speedily as possible, be prevented, controlled, and cured throughout these United States.

J. D. SOUTHARD,
JOHN STEWART,
C. P. MERIWETHER,
Committee.

I move its adoption. Seconded.

Dr. Mann: I think this resolution ought to be unanimously adopted without any discussion. Gentlemen, you know we are drifting exactly like the public schools, and that is as it should be; that is the way we are going, and it is right. Do you know that in the Northeast Texas district 52 per cent of the enlisted men drafted into the United States Army were suffering from either syphilis or gonorrhea? Fifty-two per cent of these men were incapacitated for duty in Europe. That's just what we are confronted with. I believe it is the best step that Arkansas can take to adopt this resolution unanimously.

Carried.

Dr. Ellis: I forgot to announce the personnel of this Tuberculosis Committee:

Dr. J. D. Southard, Chairman.

Dr. John Stewart.

Dr. C. P. Meriwether.

The following discussion was had during the Scientific Session on Tuesday afternoon:

Dr. Southall: I would like to make a motion that a committee be appointed to draw up resolutions in memory of Dr. Moses T. Clegg who died recently in Honolulu, while in the Government service, having made a national reputation as a bacteriologist.

Dr. Ellis: The object of this committee is to show some respect for the memory of Dr. Moses Clegg, son of Dr. J. T. Clegg, of Siloam Springs. Dr. Clegg, as many of you know, was in the Government's employ, and one of the most distinguished bacteriologists probably in the United States at the time of his death, and has done a great service in the study of leprosy and also in the study of the bubonic plague and many other morbid conditions that require the attention of the bacteriologist. He was engaged in the Government service in Honolulu at the time of his death, in a leprosy colony there. We feel it is one of the least things that the Arkansas Medical Society could do to appoint a committee. I was going to say that his ashes are now in America at Dr. Garrison's office, preparatory to being deposited in the Historical Commission room at the Capitol building to remain there to the end of time, as far as we know. And, we think that it would be but fitting now for the Arkansas Medical Society to take proper recognition of this by appointing a committee to make the presentation of this urn, which contains the deceased man's ashes, to the Historical Commission room. In that way proper recognition could be given to the man's career as a bacteriologist and proper recognition shown to Dr. Clegg for having such a son.

Dr. Garrison: Mr. Chairman, just one point. The hour of two o'clock tomorrow afternoon has been set as the hour for this presentation of the urn to the Historical Commission. I believe it is the understanding that the urn should be accepted in the name of the Arkansas Medical Society by your President, this committee to be appointed to draft the resolutions, and as many of the friends of Dr. Clegg who care to are, of course, very welcome. Now, just a suggestion. We have been pretty well crowded here today. I am sure we could secure the House

Chamber. How would it suit the Convention to meet out there at two o'clock and then go immediately into the scientific session in the House Chamber at the new State Capitol?

Dr. Lutterloh: I make a motion that a committee of three be appointed.

Seconded. Carried.

Dr. Cargile: As I understand, the memorial session or meeting will be held in the morning in the House of Delegates. We had that up once before. There was no opposition to holding that meeting in the General Session, where it should be. We consider that the matter of the death of our members is of such moment that the whole session should be present at the memorial services, and I move you that the President and Secretary arrange to have that in the General Session tomorrow. It comes before the House of Delegates as a part of the program.

Dr. Meriwether: I know, but it must be taken up in the House of Delegates. That's a part of the regular routine of the House of Delegates, and the House of Delegates can defer it.

Dr. Cargile: I move that this General Session request that it be done.

Dr. Meriwether: That will be all right.

Dr. Thibault: I second the motion. Carried.

Dr. Meriwether: This resolution here in regard to the getting up of a resolution with reference to Dr. Clegg, deceased, as I understand, the intention and idea of that was that the seven members who compose the State Board of Health be that committee to draft that resolution. Wasn't that the intention and idea?

Dr. Garrison: I have no idea. That's the first intimation I have of it. I didn't have anything to do with the resolution.

Dr. Southall: Dr. Ellis asked me to give the names of the members of the State Board of Health, and he said he wanted to appoint them on that committee, as Dr. Clegg was a member of the State Board of Health.

Dr. Garrison: I think, perhaps, there is just a little confusion. I think Dr. Cargile's motion was in order all right, but it is up to this Society to take any action that it wishes to. The Memorial Session is the proper place to pay respects to our dead, but the Historical Commission has agreed, it has not only agreed but it is anxious to accept this urn and keep it forever in the archives of the Historical Commission of this State. Therefore, it must

be presented to the Historical Commission in the State Capitol. There is one point we must not get away from. Some one has to take it out there. That is the point I want to put up to you.

Dr. Thibault: Dr. Cargile's motion was that the President and Secretary be authorized to arrange so that this ceremony would take place before the General Session. Now, the General Session could be moved out there and we could go ahead.

Dr. Meriwether: Not this ceremony at all, but that the Memorial Session or Memorial Committee should be heard in the General Session. Dr. Cargile's motion had nothing to do with the presentation of this urn at all. His resolution was that the Committee on Necrology report to the General Session instead of to the House of Delegates.

Dr. Ellis: I will appoint on that committee Dr. Lutterloh.

Dr. Lutterloh: I appreciate that, and there is nothing in the world that I would be more glad to serve on than on that committee, but I feel that men who have been leaders here in this Society for years and years with Dr. Clegg should be on that committee. I know Dr. Clegg very well, but I don't know him as well as Dr. Kirby does, and lots of these older men who have labored with him and helped put the Arkansas Medical Society on the high plane on which it now stands.

Dr. Garrison: I would like to reinforce what Dr. Lutterloh has said. Why not let the Committee on Necrology draft that? That's what the committee is for. I would like to amend that motion, if the motion has not already been carried or put, that the regularly constituted committee draft that resolution.

Seconded. Carried.

Dr. A. H. Henderson: Is Dr. Mann present? He is Chairman of that committee.

Dr. Phillips: He is not here.

Dr. Kirby: The Chairman is Dr. Mann, and the other members are Dr. Cargile and Dr. Henderson.

LITTLE ROCK, ARK., MAY 22, 1919.

The new Council met and elected the following officers:

Dr. Robert Caldwell, Chairman.

Dr. J. M. Lemons, Secretary.

Dr. W. R. Bathurst, Editor.

Book Reviews.

MILITARY SURGERY OF THE EAR, NOSE AND THROAT.—By Hanan W. Loeb, M. D., Major, M. C., U. S. A., St. Louis, Mo. Published by Lea & Febiger, Philadelphia, 1918. Price, \$1.25.

This is number eight of the Medical War Manuals, authorized by the Secretary of War, and under the supervision of the Surgeon General and the Council of National Defense. It reviews the surgical literature of the recent war, in so far as it pertained to the ear, nose, and throat.

NEOPLASTIC DISEASES.—A textbook on tumors, by James Ewing, M. D., Sc. D., Professor of Pathology at Cornell University Medical College, New York City. Octavo of 1,027 pages with 479 illustrations. Published by W. B. Saunders Company, Philadelphia, 1919. Cloth, \$10.00 net.

In presenting this book the author gives, in a very interesting and instructive manner, the main features of the origin, structure, and natural history of tumors.

He analyzes the numerous etiologic factors which meet in such diverse fashions in the inception of tumors, to emphasize the general dependance of clinical course upon histological structure, to trace the histogenesis to the last degree, impressing its essential importance when known, and to enumerate and contrast the more striking clinical features, which are often highly characteristic of different tumors.

A TEXTBOOK OF PHYSIOLOGY.—For medical students and physicians. By William H. Howell, Ph. D., M. D., Professor of Physiology, John Hopkins University, Baltimore. Seventh edition thoroughly revised. Octavo of 1,059 pages, 307 illustrations. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$5.00 net.

In the preparation of this textbook on physiology, Professor Howell has endeavored to keep in mind, two guiding principles: First, the importance of simplicity and lucidity in the presentation of facts and theories; second, the need of a judicious limitation of the material selected. Section 1 describes the physiology of muscle and nerve; section 2, the physiology of the central nerve system; section 3, the special senses; section 4, blood and lymph; section 5, physiology of the organs of circulation of the blood and lymph; section 6, physiology of respiration; section 7, physiology of digestion and secretion; section 8, nutrition of heat production and regulation; section 9, physiology of reproduction. In the appendix, we find a description

of the proteins and their classification and diffusion and osmosis.

Propaganda for Reform.

IODEX.—Iodex is a black ointment marketed by Menly and James, with the claim that it is a preparation of free or elementary iodine minus the objectionable features that go with free iodine. As a result of an investigation of Iodex, made in the American Medical Association Chemical Laboratory, the Council on Pharmacy and Chemistry reported in 1915: 1. The composition is incorrectly stated, the actual iodine content is only about half of that claimed. 2. The action of Iodex is *not* essentially that of free iodine, although that is the impression made by the advertising. 3. The assertion that iodine may be found in the urine shortly after Iodex has been rubbed on the skin has been experimentally disproved. As the manufacturers of Iodex still persist in their claim that the product contrains free iodine, the American Medical Association Chemical Laboratory has again examined Iodex. It reports that Iodex gives no test for free iodine, or, at most, but mere traces (Journal A. M. A., May 3, 1919, p. 1315).

ON THE PATIENT SECRETARY.

There is nothing so good as a good secretary. The better they are the more we impose upon them; and, strange as it may seem, the more we can impose upon them the more we love them. I never see a patient secretary chasing around after a member's dues that I do not think of lazy Sam Snow and his patient wife. One day this colored lady looked up from her washing and said to Sam, who was idly smoking:

"Sam, man, I don't think you loves me any more,"

"Nonsense, honey," Sam said, "what makes you think dat?"

"Why, you jess sits there by the fire all day long and sees me work."

"Why, Liza," Sam explained, earnestly, "the more I sits here and sees you work, the more I loves you."

That's how we love our secretary. And, like Liza, the patient secretary falls for it.—*Wisconsin Medical Journal.*

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No. 1

Original Articles.

DYSMENORRHEA.*

By Olive Wilson, M. D., Little Rock.

Of all the menstrual disturbances we are called upon to treat, dysmenorrhea is probably the most unsatisfactory.

The intense pain that forces a woman to remain in bed from one day to two weeks out of every month in these days of industrial activity becomes more than ever a serious question.

The classification of cases has never been made into a satisfactory grouping and I shall not attempt it in this short paper. It is sufficient to say they all come under the head of neurotrophic, inflammatory and obstructive.

Fibroma of the uterus, tuberculosis of the pelvic organs, tumors of the ovaries, tubes or broad ligaments all causes more or less dysmenorrhea; they are purely surgical, and I merely mention them in order to have the list complete.

In order to treat each case properly and thoroughly they should be divided into two groups, dysmenorrhea in the virgin and dysmenorrhea in the married woman.

The virgin is the more neglected because of her virginity. She has had almost invariably an abundance of home and neighborhood treatment, and almost every physician in the community has at some time been consulted.

In the virgin there is a combination of conditions, i. e. Antiflexion of the cervix, stenosis and hyperthesia of the uterine tissue.

It is here we find the neurotrophic form of dysmenorrhea. It is due to nutritive disturbance at the time of puberty, the uterus is not properly developed and there is a hyper-sensitive condition.

If the patient is past thirty years of age, in the virgin and also in some sterile married women, there seems to be more or less atrophy. A uterus which has failed to receive the stimulus of pregnancy seems to have atrophied to a small extent.

In earlier years there was no menstrual suffering, but as time goes on pain gradually appears. The examination shows a more or less abnormally small uterus with slight stenosis. There is usually anti-flexion, there may or may not be endometritis, if so, it merely aggravates the trouble, but it is not the cause of it, and requires treatment.

To correct the stenosis does not stop the pain. An examination should be suggested and insisted on. A young woman who has suffered monthly for three or four years will not be relieved by medication.

Keep in mind the legal aspect of the case and have the mother or some member of the family present. The examination should be carried on under anesthesia—be sure the bladder and rectum are empty.

Rectal examination will be of great assistance in ascertaining the size of the uterus, tubes and ovaries. In antiflexion, the examining finger will frequently find nothing abnormal at first touch. The cervix will be found in normal position, and the whole vaginal portion found in the natural position, but when the finger is passed up by the side of the cervix, pressing firmly against the vaginal mucous membrane as the finger passes over that portion of the internal os and above it, it will detect a curve greater than should be and in an anterior direction. In many cases the external os will seem large and to the examining finger feel as though there might be a laceration.

On inspection, the os will be found patulous, eroded and bleeds easily. I have found this condition more than any other. Or it may be found to be very small, the kind called "pin-hole." The "pin-hole" os does

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

not always give trouble, and if it alone is treated, the pain will not always be relieved; menstrual blood does not clot. If the patient gives the history of passing clots, there is something more present to deal with than the small os. Many cases of "pin-hole" os suffer no pain at the menstrual period. The failure of the blood to form a clot may account for the absence of pain. Occasionally, we find a case that is not hyper-sensitive on examination. There seems to be no cause for the pain complained of, and our treatment avails nothing. There seems to be some pathological intra-nasal condition that is quickly cleared up through proper treatment by a rhinologist.

TREATMENT:

Often it is necessary to relieve symptoms before time can be given to sufficiently study the case to learn the cause of the pain. Uterine pain is periodic in its intensity, and is felt in the hip bones and in the region of the umbilicus. To have this in mind during the examination helps to make a diagnosis where ovarion or tubal disease are suspected.

In a short time the pain seems to be all over the pelvis and the patient will say, "I hurt everywhere."

These cases are usually anemic and suffer from constipation. Iron tonics, measures to overcome constipation, sedatives to control pain is the line of treatment usually followed by most physicians.

Animal extracts—corpus luteum has been tried by myself, with happy results in a few cases. Acetanelide with codein will relieve pain if given early in the attack, but usually most cases require morphine hyperdermatically for relief.

Muscular stimulation should be tried. "Setting up" exercises—the kind practiced in the army, are ideal—this for young girls in their teens. This should not be left to the patient, but lessons given to the mother and instructed to be carried out daily. If the mother cannot attend to it, the girl should join a class in this kind of exercises.

Aesthetic dancing for very young girls, those in whom pain appears with the first menstruation. The stretching of the muscles seems to give the needed stimulation to develop the pelvic organs.

If these means fail and examination decided on, preparation should be made for treatment while the patient is under the anaesthetic.

Dilation, currettement if endometritis with erosions are found, but not otherwise. I have used the stem pessary in well selected cases with good results. If the stem pessary is decided upon, the depth of the uterine should be measured. If you do not have a pessary of the proper length, the measurements should be sent to the instrument maker. This is the only way to avoid trouble. The stem pessary seems to have a stimulating effect on the growth of the organ, and in a few months may be dispensed with.

Intra-uterine application of electricity to overcome stenosis of the cervical canal a few days before the menstrual period, and where there is no chance of pregnancy, has been tried with happy results.

The use of electricity in gynecology is very limited; but within those are very effective, and I believe the most enduring of all treatment; functional activity is increased, and growth of a poorly developed uterus stimulated.

The dudley operation in cases where the above measures have proven ineffective is recommended.

Dysmenorrhea in the married woman may be due to the same causes as are found in the virgin, with the addition of infected endometritis, inflammation acute or chronic, of one or all the pelvic organs.

Frequently dysmenorrhea in the virgin disappears after a few months of married life. The sexual relation seems to stimulate the undeveloped uterus, and the dysmenorrhea disappears.

If the examination is made immediately before or after the menstrual period, the organs will be found much congested, color bluish, reminding one of the early months of pregnancy, uterus large and tender on pressure.

The congestion of the pelvic vessels act as an irritant, exciting the nervous system through the reflexes. The patient is extremely nervous, cries without cause—such patients will be greatly benefited by the application of glycerine tampons until enough serum is removed to relieve the pelvic tension.

Clerks in stores, especially those working in the "ready-to-wear" department, where there is much lifting of suits from hangers, and those handling bolts of goods, or any industry in which the girl does a great deal of lifting of heavy articles.

You who have had much experience in hospital work, have no doubt noticed how many nurses suffer from dysmenorrhea. On entering training the young women was in good health. She soon begins to complain of pain at the menstrual time, and in a few months drops out of the ranks for a day or two or more each month—returns to her duties pale and her face marked with lines of suffering.

Such girls should be fitted with a proper corset at the first appearance of pain, one that holds the abdomen and abdominal contents firm. She should be taught to use the abdominal muscles to draw the abdominal contents out of the true pelvis on feeling sensations of weight or of weariness.

The corset of today bears no resemblance to the kind our grandmothers wore. Nowhere do you see the small waist and large hips, of even fifteen years ago. The corset of today, if properly fitted, lifts the abdominal viscera off the pelvic organs, relieves sensations of weight, secures proper circulation to the pelvic contents. The mammary glands are not included as in the old models that were so uncomfortable—but are held firmly by an extra garment that is soft and allows perfectly free respiratory movements.

Dysmenorrhea is a symptom of pelvic disorder, the sooner a proper diagnosis is made, the right treatment, whether it be medical, mechanical or surgical, the sooner will the patient be restored to usefulness and delivered from a life of pain.

METHYL-ALCOHOL BLINDNESS.*

By H. H. Rightor, M. D., Helena.

All of us, whether general practitioners, surgeons or ophthalmologists, have heard of the occasional occurrence of blindness caused by quinine, male fern, and methyl-alcohol, while but few of us have seen such cases.

I come before you today to ask you to let us seriously consider and try to arrive at a solution of what is now, in Phillips County, where I live, one of the vital questions, and I think it will become far more so throughout the South in the immediate future unless something is done at once to prevent.

On July first next, the nation goes dry—bootlegging, now so common, will become difficult, if not impossible. On the other hand,

no one of us believes that the drinking of substitute stimulants will not enormously increase.

In Helena, the negroes are drinking what is sold to them when they ask for wood alcohol. It is labeled poison; denatured alcohol. They have learned how much they can drink without danger to their lives; in the second place, the desired result—intoxication, is induced with far less than the lethal dose. A toddy is made by the addition of water and sugar. We have had only one death due to its use that I have heard of, but in my own practice, I have seen eleven negroes, men and women, who have their vision so reduced as to be non-supporting, and one negro woman who is totally blind from drinking so-called de-natured alcohol.

Wood alcohol in its natural state, is a vile smelling, bad tasting stuff that cannot be drunk. It can, however, be deoderized when it is marketed, under the name of Columbian Spirit. Just what de-natured alcohol is I do not know. But this I do know. What is sold as de-natured alcohol is poisonous, and will cause blindness.

These cases are very easily recognizable by any doctor. In fact, they can hardly be mistaken. The negro, usually of the lowest class, comes complaining of failing vision. On examination the external appearance of the eye is normal and no pain is complained of. With the ophthalmoscope the lens, cornea and vitreous are seen to be clear. The retina and papilla look normal, yet the patient has *greatly reduced* vision in both eyes. This is pathognomonic of a toxic amblyopia or blindness, to use a word more familiar to general practitioners. There is no other disease of the eye that causes blindness, whether it be cataract, atrophy of the optic nerve, disease of the retina or choroid, glaucoma or anything else that will produce the same reduction of vision in both eyes simultaneously. If you now get a history of drinking impure alcohol, the diagnosis is certain.

At the last meeting of the Phillips County Medical Society, I presented a negro woman who consulted me on account of sudden blindness. She was strong and apparently healthy, but said her vision was failing for two months. Then over night she became totally blind. She gave a history of drinking "wood alcohol" for several months. On the night before she last could see, she imbibed more freely and became intoxicated. When

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

she next remembered anything she was blind. Her pupils were dilated until the irides were barely discernable; no redness of the conjunctiva; no pain in the head or eyes; fundi normal; yet, she absolutely could not see the sun.

Just what is the best way to stop the sale of this drug I do not know. I brought it to the attention of the Helena Rotary Club, and all the druggists were asked to meet with the Club. They did not deny the sale of large quantities of de-natured alcohol to negroes, and said that they cautioned their customers in many instances that the stuff was poisonous. They did not know of its effect on the eyes. Many of them gave their word that they would not permit its sale. A campaign of education was started in the press, negro pulpit, and negro motion picture shows. As a result the sale has greatly diminished, but by no means ceased.

In closing I want to urge that steps be taken before it is too late, to prevent the blinding of large numbers of our ignorant population. I am not prepared to suggest the best method. Whether we should attempt to have legislation against the sale of impure alcohol except for its uses in the arts and sciences, or start trying to educate the people concerning the dangers in drinking substitutes for whiskey, I do not know. I hope the discussion will enlighten us.

DISCUSSION.

Dr. R. H. T. Mann, of Texarkana: This subject is too intricate to me, but I am very glad to state that I have had none of these cases recently. I reckon that we are not doing so much "moonshine" business down in Texarkana as they are doing in the doctor's country. But, it is a question of very much interest, not only as to alcohol, but the toxemias produced by various drugs.

I have seen a few cases. Of course, you have a retrobulbar neuritis to start with, and then you can't notice any fundus changes, but probably a little bit later you can see a distinct optic atrophy following this condition. That would be my opinion of it.

Now, we pass to one other drug, and that is quinine. I know one man who has a complete optic atrophy from quinine, given in very large and in increased doses for malaria. That man has been blind for 20 years.

I know another man who, from quinine, had a very contracted pupil. While the sense of vision is normal, yet he does not see at all. He can walk straight ahead and see anything, but he can't see anything on the side of him at all. He only sees straight ahead. That is from the excessive use of quinine, given to him in a supposed attack of malaria, given hypodermatically.

We get another toxic effect from tobacco. A great many men use tobacco excessively. They come along and say, "I can't see distinctly any more to read," or see other things distinctly, and you begin to ques-

tion around and ask him if he is drinking much whiskey, and try to find out. You look at the eyes and don't see anything abnormal with them, either in the fundus or anywhere else. You know it is then a toxemia of some kind; a retrobulbar neuritis. You stop him from this tobacco, and he gets well.

Fortunately, a great many of these cases of wood alcohol don't go on, I believe, to total blindness. In some, it makes them partially blind, and they maybe can see to get around. In some of them, it does cause total blindness. But, they have retrobulbar neuritis. That's your opinion, doctor, isn't it? Of course, retrobulbar neuritis, that's an optic inflammation extending back or rather starts back in the optic tract, and inflammation occurs there, and then extends down, so that you would not be able to make a diagnosis with the ophthalmoscope by seeing any optic atrophy until very much later. Then, you would get the inflammation extending down the optic tract to the eye, rather than starting, and getting the first symptoms in the eye. That's what I mean by retrobulbar neuritis.

It is a very interesting subject to me, and I am going to look out for it. I wish to thank the gentleman for his paper.

Dr. J. L. Jones, of Searey: I appreciated the paper of Dr. Rightor very much. I have had some experience with wood alcohol or the poisoning from wood alcohol, or de-natured alcohol. Really, I hardly know the difference between de-natured alcohol and wood alcohol.

I remember a few years ago there were three persons that got drunk on lemon extract, made from wood alcohol or de-natured alcohol. Two of them died, and one lost his eye-sight, and he has never recovered from the loss of his eye-sight. He is blind until this day.

We know that wood alcohol produces blindness. The pathology that the doctor ahead of me spoke about, I find to be correct. I find inflammation of the conjunctiva—that is, an acute attack or inflammatory condition of the conjunctiva—in some cases. In this case particularly, we did have blindness prior, however, to this inflammation or at the same time of this inflammation. When I saw the patient, he had this conjunctiva and also had the blindness. The patient never recovered from this blindness, and today that man is blind from the effect of wood alcohol or de-natured alcohol.

Now, I remember one or two patients in the last year or so that were blind from quinine. While, of course, physicians generally know that the continued use of heavy doses of quinine does produce blindness, and frequently partial blindness, and sometimes complete blindness.

As to the opiates and tobacco, we frequently find those cases, and they are relieved if the tobacco is discontinued. But, this wood alcohol blindness, we don't have much results in the treatment of that, so far as the recovery of the eye-sight is concerned.

Dr. Rightor, in response: I didn't bring this matter up today to discuss so much from its scientific aspect, but entirely from a social point of view.

All you men who live in the counties that are heavily black, on the Mississippi River counties and the Arkansas River counties, are absolutely certain to meet this condition. There were several druggists in Helena who said that they sold wood alcohol to the extent of a barrel a week; both in half pint and pint bottles, for fifty cents a half pint. They sold enormous quantities of it, and are still doing so.

My idea was that every doctor who was here should go ahead and help start a campaign of education among the negroes, and tell the negro preachers and some of the more influential negroes that, when they begin to drink this wood alcohol, they are going to

have their vision permanently and seriously impaired, if not totally blinded. Now, the negro knows this stuff is poisonous, but, as I said in my paper, he knows perfectly well that he can take less than a poisonous dose, but continued small doses are going to cause them to have impaired vision to such an extent that they cannot see to get around, and that's all. But, that large doses, but not large enough to kill, are going to give him inflammation of the optic nerve back of the bulb that will cause him to be blind.

I believe that there is no more important question to be handled in those regions where we have these large negro populations.

INTESTINAL OBSTRUCTION.*

By E. L. Beck, M. D., Texarkana.

In July, 1917, there came under my care, a Mrs. B., age 25, a pellagra patient. She had been on the road for many hours, having been delayed by a wrecked train for seven hours. Her history was as follows:

About ten days prior to her arrival in Texarkana, she developed appendicitis. She was given the best treatment that the surrounding conditions would permit, living as she did ten miles from a railroad, and not being able to obtain the consent of the family, the doctors could do no more. Immediately thereafter, she showed signs of obstructed bowels; she had large quantities of strong purgatives at the hands of the family, and the doctor made all reasonable efforts to remove the obstruction, without result.

After the delay mentioned above, they reached the hospital after midnight, and we found her with subnormal temperature, as near pulseless as could be to be living, and with a greatly distended abdomen. I felt that any radical operation would be a hopeless effort, and at once decided on the only possible yet uncertain procedure. I made a small incision in the abdomen over the right rectus near the McBurney point. The first piece of distended intestine that was presented was stitched fast to the abdominal walls and opened, inserting and stitching firmly therein a piece of tubing ample to drain and keep drained the contents.

This case was watched with almost hopeless anxiety for three weeks, after which time she was removed to the home of a relative, but little improved. She was there watched and cared for three weeks, then returned to the hospital. I then reopened the abdomen and

found that pus was abundant and the obstruction extensive; adhesions were unusually great, and I could only hope to correct this condition by resecting at the obstructed point, and this I could not do, owing first to her inability to stand the shock incidental to this operation, and second, there was a quantity of pus in this field. Therefore, I secured a piece of tubing several inches long, and of the proper size, and inserted it into the open ends of the gaping intestines, sutured the ends to the edges of the wound and anchored the tube at this point with a heavy, braided silk, allowing the fecal matter to pass through this point.

I did not close the wound for two reasons. First, I wanted to watch the progress, and second, I found it necessary to keep the pus out of this wound, but in spite of all, this proved a splendid device, as we had but very little fecal matter escape around the tube.

After ten days or two weeks, she was removed to her home where she remained until her condition seemed much improved, and the doctor thought she was safe for the final operation.

On reopening this abdomen, I found it necessary to resect several inches of this intestine, making an end to end anastomosis, but much to my discredit and disappointment, I found deep down in the abdomen a large pool of pus. After the operation had proceeded too far to stop this, I decided to keep open my wound and attempt to protect and keep parts clean. This we did by careful dressing and keeping the newly made wound carefully wrapped with gauze saturated with sterile vaseline.

It looked, after a few days, that we were bound to lose, as the line of sutures became dark and did slough, leaving a small place that did not unite. In this condition, she was held in the hospital for several weeks, and in her home, until we were reasonably sure that there was no more pus present.

I again opened and found no pus present, but found it necessary to resect and make a new closure; this I did, closing the abdomen in the usual way, with good results. She made splendid progress in every way, and her pellagra was seemingly much better, so far as I know, for eight or nine months.

About this time, she grew worse, and was sent to the State Insane Asylum, where she died a few months later of pellagra.

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

OUR NEW PRESIDENT.

Dr. George S. Brown of Conway, elected president of the Arkansas Medical Society, at the May meeting, is an old practitioner of Arkansas, having practiced his profession at Conway for approximately forty years. Beginning practice there in 1875, he has been there ever since, with the exception of three years spent at Madison, Florida, and one year in Henderson, Texas, where he spent his boyhood. He is a physician, not only of large experience, but of high attainments. He graduated at the Medical Department, Dartmouth College, in 1872; Belleville Hospital, Medical College, New York City, 1877, and Medical Department, University of New York City, in 1878. He has done post graduate work in New York, Baltimore, Chicago, Mayo Clinics, London, Berlin, and Vienna. He took fifteen post graduate courses in New York Polyclinic, and is a Fellow of the American Medical Association, and also a Fellow of the American College of Surgeons. He has been a useful citizen as well as accomplished physician and surgeon. He was for eight years, a member of the State Board of Medical Examiners, and president of the Board for four years. He has been a Trustee of the Arkansas Tuberculosis Sanatorium at Booneville since it was founded ten years ago.

Dr. Brown was born in 1848, at Jackson, Tennessee, the son of H. H. and S. E. Brown, true Southerners, and devoted to the lost cause. They moved to Texas when their son was a small boy, and he received his early education in the common schools. It will be noted that Dr. Brown has attained the allotted three score and ten, but he is 70 or 71 years young—not old. It is said that a man is only as old as he feels. It may also be said that no man is old who retains his usefulness in the world. There are old men who live in the past. There are also the men who, old perhaps in years, remain young, because they live in the present, and keep up with the procession. Of this latter type Dr. Brown is one of the best examples in the State. He has not stood still. He has kept fully abreast of the times, and the results of modern experiment and research. He is not at all the type that rejoices or is content to be referred to as "one of the old school." As a proof of the fact that he has not been outstripped by the younger men in the profession, it may be stated that last year he did the largest practice he has ever done in his long career. He has the energy

and activity of men many years younger, his usefulness as a physician and good citizen has seen no diminution, and in selecting him as its president, the Arkansas Medical Society has at once honored one of its worthy members and itself. We present to our readers, a late photo of our esteemed President.

A FEDERAL HEALTH CABINET OFFICER.

The proposition to establish a Federal Health Department the head of which would be a member of the cabinet, is one that should enlist the support and coöperation of every progressive physician in the country. The asset of health is one of the important factors in civilization that is largely overlooked alike by State and National lawmakers. There is nothing revolutionary about the proposition to have the medical profession represented in the cabinet. From time to time new departments are created, and new cabinet officers introduced. Labor and commerce are among the later additions to the roster of cabinet representatives. And why should not the public health be regarded as of sufficient importance to have cabinet representation.

We have a Secretary of War and a Secretary of the Navy. Surely, the science of health preservation is as important as the gentle art of killing, even though the killing be confined strictly to defensive measures. Agriculture, Commerce, Labor, are all represented; yet in the last analysis, all are subservient to the important question of the public health. In the examinations for the war draft, the number of deficient, bodily and mentally, was truly alarming. In the modern method of examining school children, there is developed a surprising percentage of deficiencies. Health is a tremendous asset. Success in war, in agriculture, in commerce, in labor, are all contingent on health. The wealth of a nation is not its man-power. Measures that preserve and prolong life add to that wealth. Wealth cannot be measured in terms of dollars, as applied to national wealth. The wealth of our country is renewed yearly by the products of labor. Money, stocks, bonds, real estate, all the physical evidences of wealth, mean nothing unless sustained by the animal fruits of the earth and the products of labor. All real wealth must come from the soil. With the average productivity of the individual cut down below normal capacity the wealth of the Nation must suffer. Some recognition of this fact may be found in the laws limiting the hours of labor for women—and men too, in government employ, in health regu-

lations, in sanitary laws, in steps to check epidemics, and in many other ways too numerous to mention. But the best results can only be obtained by a Public Health Department, with a public health secretary in the cabinet with full authority to have all measures carried out as in the other Federal Departments. This, we believe, can be accomplished by concerted effort by Medical Secretaries throughout the country, including, of course, the American Medical Association.

Editorial Clippings.

HAS YOUR COMMUNITY A PUBLIC HEALTH NURSE?

To those who have followed the development of public health work in this country, it becomes more and more evident that much of the progress which has been made is due to the introduction of public health nursing as an integral part of public health administration. And yet, it seems but yesterday when the first nurses were assigned to visit tuberculosis patients in their homes, report on the sanitary conditions found there, and by practical instruction to the patient and his family help combat the spread of the disease to others. The results achieved by this band of pioneers exceeded all expectations, so that in a short time it was realized that in no other way could the work of public authorities so effectively be brought home to the people.

The reasons for this are not far to seek, for the personal contact thus established between the health authorities on the one hand, and the people on the other, is incomparably more effective than any other means of promoting health education.

It would be a long story to describe in detail all the important activities now carried on in a modern health department by public health nurses. The fact is that the work of these newer recruits to the ranks of public health workers has proved invaluable. They have studied and reported on the home conditions so frequently responsible for disease, discovered unreported cases of infectious diseases, given practical instruction in the prevention and care of infectious diseases, collected epidemiological and statistical data, supervised the maintenance of quarantine measures, helped in securing proper medical and surgical treatment for the sick; in short, they have made possible the practical utilization of valuable medical knowledge and experience for the promotion of health and welfare.

Unfortunately, a very large number of communities in the United States are still without a public health nursing service. It

seems not to be realized that such a service constitutes a well-paying investment. Yet nothing has been more clearly demonstrated. Progressive health administrators who have had experience with public health nursing are unanimous in praise of the results obtained.

More than ever before there is great need for additional well-trained workers in this field. It is to be hoped the time is not far distant when every community throughout the United States will enjoy the benefits of a system of public health nursing, for experience has demonstrated that this is an invaluable measure for bringing the work of the health authorities to the people.

Why not at once take steps so that your community may enjoy the invaluable services of a public health nurse?—Public Health Reports.

Abstracts.

EXAMINATION FOR PLASMODIA.

J. W. Torbett, Marlin, Texas (Journal A. M. A., July 5, 1919), in a very brief note, advises a hot pack and fomentations a half hour before the examination for plasmodium in latent cases of malaria. By this method cases otherwise negative will often reveal the organism.

MALARIA CONTROL.

C. C. Bass, New Orleans, (Journal A. M. A., July 5, 1919), considers the disinfection of the malarial patient is not sufficiently made the object of treatment by the practitioner, who is apt to consider that the disappearance of clinical symptoms and lack of demonstrable parasites in the blood are all-sufficient. No known method of examination can exclude the possibility of remaining latent infection, and the best we can do is to insure the duration of treatment that experience has shown to be effective. Quinine in sufficient doses, given for a sufficient length of time, is effective in all cases; he sees no exceptions to this. Cases in which the average successful treatment fails simply mean that quinine in those particular cases, and in the particular amount given and time continued, did not suffice, but might still succeed if continued. To make it satisfactory to the patient, the treatment must be practical and not cause serious discomfort. One dose at night is usually more convenient than a number of smaller doses and just as effective. The treatment Bass recommends to completely rid the system of the malaria is 10 grains of quinine sulphate at night for a period of eight weeks, and in some cases still longer. This

applies to cases in which acute symptoms have ceased. The acute attack can be relieved in practically all cases by three 10-grain doses of quinine daily for three or four days.

Personals and News Items.

Dr. Herman Castile has moved from McGehee to Foreman.

Dr. and Mrs. J. S. Rhinehart and their daughter of Camden, visited in Little Rock this month.

Dr. John S. Jenkins, recently with A. E. F. Surgical Staff, Shepherds Bush Military Orthopedic Hospital, London, England, announces his return. Office, 508 Citizens Bank Building, Pine Bluff, Arkansas.

The wedding of Miss Ruby Ward, Pueblo, Colorado, and Dr. J. E. Neighbors, of Little Rock, took place June 18, at the Mesa Baptist Church, Pueblo. Dr. and Mrs. Neighbors are at home at Stuttgart, Arkansas.

Members of the Arkansas Medical Society are invited to attend the Colorado Congress of Ophthalmology and Oto-Laryngology, which will be held in Denver, August 4 and 5, 1919.

The county secretaries are again requested to send us their news items, together with the minutes of their meetings, so that their county society may be represented in the Journal. "Nothing adds to the zest of a meeting like a hot discussion that almost draws a blister."

Lieutenant Commander R. B. H. Gradwohl, Medical Corps, N. U. S. N. R. F., has returned from the service, and resumed his work as director of the Gradwohl Biological Laboratories and Pasteur Institute, of St. Louis.

Owing to the efficient organization of the Gradwohl Laboratories, they were not closed during the war period, and now that Dr. Gradwohl has returned, the profession is assured that renewed efforts will be made to assist all those who are in need of laboratory need

In addition to those mentioned in previous issues, the following Arkansas physicians have recently received their honorable discharges from the Medical Corps, United States Army, from service in this country and abroad, and have resumed their practice in their respective homes: R. W. Steele, Gentry; M. D. Ogden, J. I. Scarborough, F. Vinsonhale, Little Rock; W. M. Matthews, Crossett; V. K. Allen, Hope; R. C. Meadors, Marvell; F. A. Norwood, Texarkana; H. W. A. Lee, West

Helena; A. F. Hoge, D. W. Goldstein, Fort Smith; S. R. Crawford, Benton; A. E. Robinson, Clearwater; J. E. Cashin, Dierks; Thad Cothorn, Jonesboro; F. L. Castleberry, Paragould.

RESOLUTION ADOPTED BY SECTION ON PREVENTIVE MEDICINE.

American Medical Association, June, 1919.

Resolved, That the Section on Preventive Medicine and Public Health of the American Medical Association recommend to the House of Delegates that it ask the constituent associations to consider the advisability of such amendments to their by-laws and to those of this Association as will eliminate from membership any physician who wilfully fails or refuses to comply with local or State laws for the prevention of disease, including especially the provisions in such laws requiring the reporting of cases of communicable

REPORT OF COMMITTEE ON SANITATION.*

Your Committee on Sanitation and Public Hygiene, begs leave to submit the following report:

There are few things that are of more vital interest to the individual, or the community, than good health. Without health, we cannot be happy, and without happiness home would be a poor place in which to eke out an existence.

Sanitation must commence in the home and its immediate surroundings. The place where we live and our children grow up must be kept free from disease producing agencies, if we expect to have a healthy people. We are more favored than were our fathers and mothers, in that we know more about some of the things that cause disease and death than they did.

We will make mention of three things that affect the health of people in all places to a large extent, possibly more than almost any other three things—water, flies and mosquitoes.

Li every home it is possible to have a sufficient supply of pure water for the needs of any family. Where there are no springs, running streams, or wells that cannot furnish suitable water, cisterns or tanks can be built and rain water stored in sufficient quantity to supply the needs of almost any family. If the water supply should become contaminated, boiling it will destroy most all

disease producing germs. Every member of the family should be impressed with the importance of preventing contamination of the water supply for the home.

To make war on flies and mosquitoes, and to keep these disease-producing insects out of our homes, should be the duty of every member of the family. Windows and doors should be well screened, and kept in good working order. Barnyards and cow pens should be as far removed from living rooms as possible. Flies are such filthy things that every effort should be made to destroy them, and keep them out of our homes. It makes one lose his relish for the most delicious food to see flies crawling over it before he is ready to eat it. Any kind of fly trap that will catch and hold flies is to be recommended.

To raise more chickens and permit them to have free access to barnyards and cow pens will help some to prevent the breeding of flies, as they feed on the larva of all sorts of these insects. In fact, it would be a good idea to encourage the raising of more poultry with the present price of eggs and frying chickens

Estimates prepared by the United States Public Health Service indicate that in the South the ravages of typhoid fever, tuberculosis, hookworm, and pellagra all together, are not as serious as those caused by malaria.

This misnamed disease we now know is caused by the bite of the mosquito. Any insect that has caused such an immense morbidity, even if the mortality has not been so great, thanks to our knowledge of quinine, needs to be treated as one of our worst enemies

Like all other created things man has dominion over this evil insect, when he chooses to exercise it. Its breeding places can be so treated that it will not propagate its kind in sufficient numbers to do much damage. In some places, with the clearing up of the low lands, the mosquitoes have disappeared, and so has malaria. Forty years ago, in Washington County, from twenty to fifty per cent of the work done by all the doctors was due to malaria. We now know that this was all caused by the bite of this little insect.

While serving as County Health Officer from 1913 to 1917, there were not enough cases of malaria reported by all the doctors, and there were more than forty doctors in the county, to keep one man busy one-fourth of his time. It is a rare thing now for some of us to be called on to prescribe for a case of malaria, unless it comes from some other part of the State

I was very much impressed some years ago by reading an article from some doctor, and

*Note—To be included in the Minutes of the Annual Session. See page 11, June issue.

I cannot now recall his name, who advocated the raising of ducks to exterminate mosquitoes. But I do recall that he said: "Ducks seemed to be delighted to get into a pond or stream where there were plenty of wiggletails," and that they would "pick up at one mouthful a whole boat load of mosquito eggs." He must have had reference to the *Culex* variety of this insect, as it is said to float its eggs in a boat shaped mass until they are hatched. Little ducks can destroy the eggs of mosquitoes and wiggletails as rapidly as large ducks. They can feed upon the eggs and larva of this insect when deposited in tin cans, or the smallest places that hold water sufficient for breeding this insect, in places that would hardly be possible to spray with oil, if permitted to have access to such places. If ducks will really help to clean up mosquitoes, I think the raising of any variety of this fowl should receive the attention of sanitarians in many sections of our State, as this would be a much less expensive method of destroying mosquitoes than some that are now being practiced.

Dr. C. A. R. Campbell, of San Antonio, Texas, in an article published in *Medical Insurance and Health Conservation*, for October, 1918, advocates the "Cultivation of the Bat, as a means of stamping out Malarial Fever." A bat house, with a sufficient number of bats to clean up the mosquitoes in any neighborhood might become a nuisance to some of the neighbors. The only income from such a plant would be the small amount of fertilizer obtained. By the raising of ducks, you would get both food and feathers.

There never was a time when the outlook was more favorable for Public Hygiene or Public Health, than at present. With a County Health Officer in every county in the State, in addition to a City Health Officer at each county seat, public health matters can be brought to every community. I am persuaded that the County Health Officer, when sustained by the County Judge, in his work, has a greater opportunity to do a good work for the people than any other member of the profession. He visits the schools, and talks to the brightest and best minds in each community, those on whom good impressions will be the most lasting and most helpful. He brings to their attention the need of caring for their bodies if they expect to be healthy men and women. He tells them of the dangers of the common drinking cup and the use of a common towel in the schools until they will not use a common drinking cup and a common towel in their own homes. He talks to them about the care of their teeth, and about the diseases caused from decayed teeth until they are anxious to see their dentist before it is too late. The school

children soon learn how much better it is to use a comfortable sanitary privy, than to continue the antiquated methods still in use on so many farms. The heads of families are also impressed with the importance of this matter, and are ready to build a sanitary privy, if for no other reason than to save a doctor bill.

If these things are not worth many times what it costs to maintain a State Health Department, then I count myself not competent to pass judgment on such matters.

I think the time has come when we should have inspection of the school children by competent physicians. It does not seem to be quite the fair thing to do to require a teacher to bring a health certificate from a competent physician to the board of directors, and then have no protection afforded the teacher, or other members of the school from a tuberculous pupil, whose parents are sometimes more anxious, or seem to be, that their child should have the benefit of the school than to have good health. An educated invalid is of but little use to a community, and oft times a burden to the family, and to the State sometimes.

While preparing this report, I have received a communication from the Chairman of the Committee on Prevention of Malaria and Typhoid Fever, with the leaflets they are sending out. These leaflets are to be distributed to the teachers, and by the teachers to the pupils. They are to be pasted on the fly-leaves of their books. The one on malaria in the spellers, the other on typhoid fever in their arithmetics. I do not know when I have ever seen anything that has the promise of being more helpful to the cause of public hygiene than these little leaflets with their questions and answers; a catechism that will save bodies, if not souls. I feel like it would not be inappropriate to quote the following paragraph from the Book of Proverbs: "My son, forget not My Law; but let thine heart keep My Commandments; For length of days and long life and peace shall they add to thee."

The hearty thanks of this Society should go out to this committee for sending out these leaflets, and to Dr. Williamson, of Marianna, for suggesting it.

May I add that we have in our soldier boys and medical officers, who have returned from the army, a great power for a good work in public hygiene. These are the men who have seen the benefits that come from proper care and sanitation in camps, where large numbers of human beings are closely crowded together. They know much better than some of us the benefit that comes from strict attention to sanitation, and they will be just as willing to help fight disease-producing agents

as they were to help defeat the Kaiser and his horde of Huns.

When our State Society utilizes all the agencies at its command, then it will have reached the high point in Public Hygiene. It will have then gone "Over the Top" in a laudable undertaking.

H. D. Wood, *Chairman*.

ONE HUNDRED PER CENT REGISTRATION OF BIRTHS AND DEATHS.

The prompt registration of every birth and death in the United States has become a matter of national importance. Before it became necessary to put the selective draft into operation, this fact was understood by a few deep thinking students of history, medicine, sociology and economics, but when the National Government had to raise an army of millions, the lack of accurate vital statistical data caused such endless work and enormous expense in securing these facts, that now, even the layman appreciates the vast importance of such records being kept in uniform files in each State.

Arkansas has an adequate Vital Statistic Law, which if lived up to by every physician, midwife, parent or undertaker, would soon put our State in the front rank of those registering births and deaths, and bring us into the National Registration Area. To be included in this area, it is necessary that ninety per cent of all births and deaths occurring in the State be duly registered. The Arkansas State Board of Health, as empowered under Section 7, Act 96, 1913, has provided an adequate system for the registration of births and deaths of the State, and has formulated and promulgated rules and regulations prescribing the method and form of making such registration, and the physicians of Arkansas can do more than anyone else towards helping to perfect our records. Human life stands first in the scale of things valued. It is of the utmost importance that the beginning, as well as the ending, of such a life should be *immediately* recorded. Aside from the value of such a record to the individual, the value to the community is inestimable in determining death rates, proportions of births and deaths, duration of life, rates of life insurance, control of child labor, compulsory education, and the protection of the public by the control and prevention of disease and the detection and prevention of crime.

Rules 12 and 13 of those governing the registration of births and deaths in the State of Arkansas provide that the birth of every child in the State shall be registered within ten days after date of birth; and, Section 12 of Act 96, 1913, provides:

"That any person, firm or corporation, who shall violate any rule, regulation or order of the State Board of Health relative to recording, reporting or filing information for the Bureau of Vital Statistics, or, who shall wilfully neglect or refuse to perform any necessary and reasonable duties imposed upon them by said orders, or, who shall furnish false information for the purpose of making incorrect records for said Bureau, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than five dollars nor more than one hundred dollars, or be imprisoned in the county jail not exceeding sixty days, or suffer both fine and imprisonment, in the discretion of the court."

Many physicians are laying themselves liable to prosecution by ignoring this State statute. Won't you, as a physician, do your part by reporting promptly to your local registrar every birth occurring in your practice and coöperate with your local undertaker by promptly signing all certificates of death? There were reported to the Bureau of Vital Statistics for the month of May, 1919, approximately 2,000 births and 800 deaths, 15 per cent of which were incomplete, and letters had to be written in order to secure full data. Won't you make a still greater effort in the future to supply all the information called for on the blanks?—Arkansas State Board of Health.

County Societies.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Secretary)

The Lawrence County Medical Society held its regular meeting at Walnut Ridge, Wednesday, July 2, 1919. Present: C. C. Ball, W. W. Hatcher, A. G. Henderson, J. C. Hughes, J. C. Land, H. R. McCarroll, and J. C. Swindle.

Owing to its nearness to the Fourth of July holiday and other causes, the attendance was rather light. Drs. Henderson and Hatcher were the only members present that had been placed on the program. The session was rather short, but several things were brought out that would be very useful to all physicians who are trying to ascend the ladder of progress.

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No. 3

Original Articles.

THE PREVENTION, CONTROL AND CURE OF TUBERCULOSIS AS A PROBLEM FOR THE UNITED STATES GOVERNMENT.*

By J. D. Southard, M. D., F. A. C. S.,
Fort Smith.

The prevention, control and cure of tuberculosis is, at the present time, the greatest problem that can engage the minds of men. It is not alone a national problem, as I shall try to show, but a world problem of which the history of mankind takes note of none more important to the human race.

The bacillus tuberculosis is a vegetable organism with the original source of which we are unacquainted, therefore it is impossible to say at the present time that it is, or will be, possible by any means to entirely banish from the earth the disease of which it is the cause, but as physicians we know that it is possible largely, if not entirely, to prevent tuberculosis among human beings. As physicians we also know that this bacillus causes more disease, more death, more poverty and distress in this country than any other single agency. As physicians we also know that the disease produced by this bacillus is communicable, is preventable, and that in its earlier stage it is curable. The possession of this knowledge places upon us as physicians, as citizens, and as our brothers' keepers, obligations and responsibilities which we cannot escape if we would, and which oblige us to enlighten, caution, and warn those who do not know of their danger from this disease. As experience has abundantly proven that the present municipal, state, and other agencies are entirely inadequate and unable to cope with this disease, it becomes our duty to appeal the case to a higher power from whence alone relief can be had.

Since all other agencies thus far, after faithful trial, have proven insufficient to stem the tide of destruction, it remains for the government of, by, and for the people of this nation to take charge, make plans, provide means, and wage relentless war on this disease. Why should it not do so?

To the medical examinations for the recent selective draft, according to the report of Provost Marshal General Crowder, tuberculosis disqualified more men for military service than any other system condition. Nine and one-half per cent, or, excluding mental conditions, 10.6 per cent of all rejections for physical reasons were on account of tuberculosis. One and three-tenths per cent were disqualified on account of venereal diseases. These percentages may be considered to fairly represent the relative prevalence of these two disease conditions in civil life. Venereal diseases can scarcely be considered more preventable than tuberculosis, and case for case they are nothing like so fatal, nothing like so pauperizing, nothing like so expensive to the patients and to the community in which they exist, nothing like so disabling, and yet the United States government is at the present time conducting a nation-wide campaign against venereal disease while it is doing almost nothing to prevent and control tuberculosis.

I mention this in no spirit of criticism, for I heartily commend the good work against venereal diseases, but only to call attention to our government's apparent lack of wisdom or judgment, or its nearsightedness, in permitting the nation's life to flow out through the bung-hole while it is attempting to stop it at the spigot.

A large majority of the people throughout this nation do not know the simple truths about tuberculosis; that it is communicable, preventable, and, if taken in time, curable. They must be instructed, if tuberculosis destroys more life and health in the United States than any other single agency—as it

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

certainly does—and if it is preventable—as it certainly is—is there any conceivable reason why the national government should not, as soon as practicable, inaugurate measures for its suppression and control throughout the nation? Is there anything more important, more necessary, or more urgent that our government can do at this time? Is there any problem, condition, or circumstance wherein or on account of which the most vital and sacred interests of all the people are suffering more sorely? Is there anything so menacing to the life and strength of our country? As medical men we know the correct answer to these questions, but we cannot assume that our government officials know, for, if they knew, undoubtedly something more would have been done to stem the tide and stop the destruction of 200,000 lives of American citizens annually from this preventable disease.

Has our national government any more important function, any more important duty, any more important and sacred obligation than that of securing and protecting the health and life of the people it represents? Is any amount of money and brains that are needed, too great to be used to prevent, control, and cure tuberculosis and stop this awful drain upon the life and resources of the nation? Then is it not our duty as medical men, knowing the truth, to point the way and lead the government to nationalize the fight against this, the greatest scourge of humanity? I believe it is our duty, and I also believe we can do it successfully if the government will only do its part.

Undoubtedly the greatest need of the hour is an enlightened public mind relative to tuberculosis. It is absolutely certain that a beginning must be made among the masses of the people and especially among those whose educational and other advantages have been most neglected, for it is here this plague finds its greatest number of victims. It is here the greatest difficulties have always been encountered in this work, and where almost nothing has been accomplished because these people do not know the simple truth about tuberculosis.

I believe because of the magnitude of this problem, the national government is the only agency by which it can be effectively handled, and I believe it is the agency by which it should be undertaken, because, first, it is a national problem, because, second, though our state and municipal governments have been

and are doing about all they can do, we are making but slow progress, and no general educational campaign by them among the masses, where it is most urgently needed, seems practicable or possible.

But suppose the United States government should appoint a tuberculosis commission headed by a man like Dr. Gorgas, with authority and ample means to organize, unify, and coördinate all the present agencies, municipal, state, and national throughout the country under government control, to inaugurate and carry on this important work—can anyone doubt that it would succeed? I wish I might give our great President and Congress a vision of what would soon happen in this country. I am tempted to mention some of the things that I believe could, should, and would be accomplished. First, a bulletin could be published setting forth briefly the government's purpose and giving in plainest English the fundamental truths of tuberculosis, with instructions as to how it can be prevented and cured. The Postoffice Department could work out a plan whereby a copy of this bulletin would be placed, as nearly as possible, in every home in the United States and our dependencies. Arrangements could be made whereby this bulletin would be read in every schoolroom in the country and all the newspapers and ministers would call public attention to its importance. This would be followed up by popular lectures throughout the country and at the proper time the government would establish Sanatoria, clinics, and other agencies where, and as needed.

Coming from the United States government, the people would read such a bulletin as they would read or listen to nothing else upon this subject, and from it they would learn the fundamental facts, the ABC's of tuberculosis.

It is our sacred duty as a government and as a people not only to nourish and protect, but to strengthen and ennoble the life of our generation so that those who are to follow us will be stronger mentally and physically and find the world better for our having lived in it.

The nation which shall best discharge these obligations, other things being equal, will be the nation which shall become strongest in all the elements that make nations great and their people healthy, contented, and happy.

A little more than two years ago this nation entered the world war. It called to arms four or five millions of our young men and sent nearly two million of them across the seas

to fight, bleed, and die for a great cause. They did fight as heroically as men have ever fought; many thousands of them shed their blood on the soil of France, and many thousands more gave up their noble young lives in this great struggle for humanity; but I say to you the interests of humanity demand that we again go to war, not against nations, not to shed our blood and sacrifice our lives, but to destroy humanity's greatest enemy, tuberculosis. The world war has aroused the nation, has developed agencies and methods whereby more effective work against disease can be done now than ever before. It has placed a higher valuation upon the man power of our nation and upon human life, and has aroused us to a greater realization of the importance and necessity of conserving life and health.

I believe the time and opportunity is now immediately before us when greater things can be accomplished in this great work than ever before in our history. Its importance and urgency cannot be overstated or stressed. According to the most reliable and accurate statistics and official reports, more lives were destroyed in the world by tuberculosis between August 4, 1914, and November 11, 1918, than were destroyed by shot and shell in the world war, the figures being 6,500,000 killed in the war, and 8,000,000 killed by tuberculosis. Our own losses in killed, wounded, and missing in the war were about 275,000 during the year that we were in the fighting, while our death losses from tuberculosis during the same time were about 200,000 killed, and a still greater number were disabled. Isn't that enough to wake up a nation and demand its immediate consideration and action?

A beginning must be made sometime, somehow, and I hope the Arkansas Medical Society will begin now, by the appointment of a committee to draft a resolution setting forth the situation and outlining a plan for inaugurating and carrying on this work by the United States government, and appealing to the president and to Congress for speedy action. The various state medical societies will undoubtedly coöperate and help all they can. I know it's a big undertaking, but none too big for the United States government. The construction of the Panama Canal was a big job, but its success furnishes the greatest object lesson in sanitary science and disease prevention the world has ever seen in civil affairs, and reading, thinking people all over this country have been wondering and asking ever since, "If the

government could accomplish such wonderful results in the Canal Zone, why can it not do the same throughout this country?" We know it can and will be done when we are willing as a nation to pay the price and do it.

This nation has accomplished some great things for humanity during the last two years. It is still doing great things. It is restoring and curing thousands of our maimed and wounded soldiers and it is conducting a nation-wide campaign against venereal disease. What a splendid climax to the official career of our great president, to our national government, and to their great achievements during this quadrennium, would be the inauguration and execution of a plan, something like I have attempted to outline, to prevent and control tuberculosis. A league of nations to secure the peace of the world and the prevention of tuberculosis and venereal diseases, to secure national health, would continue to bless mankind throughout the ages.

DISCUSSION.

Dr. J. T. Palmer (Pine Bluff): I think this paper should serve as a memorial to the Arkansas Medical Society. Undoubtedly it is the most important question before the medical profession today. We all know of the movement on the part of the government during the war to check venereal diseases. But, when you go to a life insurance company and ask for a policy, what do they ask you? They don't ask you if you have lived in a house with anyone who has had syphilis or gonorrhea in the last two years; they don't ask you if any immediate member of your family has syphilis or gonorrhea. But they do ask you if any immediate member of your family has had tuberculosis, or lived in a house in the past year with anyone having tuberculosis. If the insurance companies have got enough sense to see it, why can't we see it?

Tuberculosis is the most terrible scourge that we can conceive of, because it begins in the little children. You may not agree with me, but it is a disease of childhood. I know of three cases where the mother developed tuberculosis following pneumonia; the children were two, five and seven years old. None of those children lived to be thirty years old; every one of them died of tuberculosis.

Now, I think it is high time that we began to do something along this line. We have made a great step toward checking these venereal diseases. I don't say we have checked it, but we are on the road to do something. Now, let's get together, come to the front and start something to stop tuberculosis.

Dr. C. M. Lutterloh (Jonesboro): When the mayor said that he believed that the meeting of the Arkansas Medical Society at this time was superior to any, perhaps, in the history of this organization, I want to say that, if he had heard the paper of Dr. Southard, he would have said "Amen!" to that proposition.

In making an examination of 2,653 people for the war, whenever I struck a boy who had tuberculosis and I told him that he had it, or he told me that he had it, he gave up the ghost. And when I assured him that perhaps there was something that could be done for him, he would say, "Where will you send me to?"

The people are less informed on this disease than almost anything else. I want to say that the man that nursed me to health when I had pneumonia and typhoid fever twenty years ago, took down with tuberculosis soon after I had recovered, and the boy that stayed in the drug store with him took tuberculosis from him, the mother took it, and, if it had not been for the good women of our own town, this entire family would have been wiped out. I would like to appropriate five or ten dollars for the distribution of a reprint of Dr. Southard's paper and send it to every family in Craighead County in order that we may all see and know just the condition that we are up against. I should be very much pleased and relieved and feel repaid for being here. (Applause.)

Dr. T. J. Wood (Little Rock): I have been very much entertained by the gentleman's paper. I think it has the true ring, the right tone, and I think that this society would do well to put itself on record as indorsing this paper, and recommend to the Congress of the United States that a campaign be inaugurated, such a campaign as is outlined in that paper. But, gentlemen, the evil influence is going on, and it is going to take time for this. It takes time for these reforms to reach the ear of Congress. But I want to say that all of us who are in favor of enlisting ourselves in this campaign against tuberculosis, there never was a better time than at this instant. The health conditions all over our state depend upon our physicians in their various localities going home and going to work and promulgating these ideas. The physician can visit the school institutes, he can visit the schools and he can talk this on every occasion where there are school teachers and where there are children, and where there are parents. And he can insist upon their dissemination of right ideas. Pardon me if I say that I have been doing that myself. I have been visiting schools and institutes for ten or twelve years, trying to act as health officer, and I have taken particular pains in every instance that I have had, and every opportunity, to emphasize the fact to the teachers, the pupils and the parents that the majority of cases of tuberculosis are contracted during childhood, during their school days. Now, I mean no disparagement to our institutions when I say that, as far as my observation goes, the average schoolhouse in the State of Arkansas outside of our cities, I say in our rural communities, is simply a hotbed for the propagation of disease germs. The children go there; the ventilation is miserable; the illumination is bad; the seat arrangement is bad; everything that would go to destroy the vitality of the children. In the majority of the places that I have visited, there is no attention paid to the separate drinking cup. There is a bucket of water sitting on the shelf, and a dipper or tin cup, and the children go there and every one drinks out of this cup. There is no better way to spread infectious disease than this. And, if we could convince the parents and teachers of schools that certain things that I have just related are facts, and prevent them in the school days, when the children contract these diseases, it is a very easy matter, if there is any reliance to be placed in any sanitary precautions, that these precautions would eliminate perhaps three-fourths of tuberculosis in the coming generations.

Now, then, gentlemen, there has been a great deal said here, logical, reasonable and sensible things, about public health work, and what ought to be done. Now, of course, talk is very important. That is all right, as far as it goes. But, all the talk that we can do here in this meeting will not eliminate a single germ, it will not prevent a single disease, unless we act. Action is the thing. Now, if we go home with our minds made up that we will act, and that we will do

our duty as physicians, I want to assure you that it is my honest opinion that, when we meet next year, those persons who are so fortunate as to be here then, we can report the greatest reform in sanitary improvement that has ever been made in the history of the state.

Dr. H. Thibault (Scott): This subject of tuberculosis is wide enough, when we bring it to the proper place, and, as Dr. Woods has stated, it is a disease of early childhood. I have said for the last ten years that the schoolhouse was simply a clearing-house for infectious diseases, and that is almost the same statement that he made. In fact, I have said this so strongly and so many times that the people in my community, in retaliation, made me president of the school board. If I find one of the schools greatly crowded, I simply use the outdoors.

Now, there have been a lot of beautiful things said about the medical profession today. They won the war. They created most of the earth, and some of the things above it. But every public health reform, every attempt at reporting, isolating and preventing the spread of communicable diseases has broken down by the neglect, cupidity or ignorance of some doctor. When you see a child in school that you have no legal authority to forcibly examine, that you have every reason to believe has tuberculosis, and you report it to the parents and report it to the public health officers or the state health officer, those parents never do find any difficulty in getting some run-down-at-the-heel doctor that will say that the child has got a "little bronchitis," and that settles it. (Applause.)

You have a patient come into your office, a school teacher, and examine him, and you tell him, "You have tuberculosis. You ought to get an outdoor job. What does he do? He goes from one doctor to another until one of them tells him that he has got a cough on account of some liver irritation, inflammation of the diaphragm, or something, and gets a certificate stating that he has not tuberculosis. He never fails to find such a man in the medical profession. And, when the United States Public Health Service takes charge of tuberculosis and venereal diseases, no matter what efforts they make, or what stringent laws they make, it will break down on some individual practitioner of medicine. If every one of these individuals did his duty, we wouldn't need any public health service, either county, state or national, except to keep statistics. The man that makes public health work effective has got to do it with a big stick, and that's the only way you can do it, and then a few of them will get by. Some old respected doctor in the community says, "This is yaws. This is not smallpox. All this vaccination business to the devil." And there will always be plenty to believe him.

Dr. John Stewart (Booneville): I feel very much at home, hearing so much about tuberculosis. We at the sanatorium are not given to talking much. We try to do as much work as we possibly can. I heard a doctor over here say awhile ago, when he told them they had tuberculosis, the next thing they said was, "Where shall I go?" I want to know what he told him? Did he tell him to go to Arizona or New Mexico, or to the Arkansas Tuberculosis Sanatorium at Booneville? I believe he told him to go to Arizona, because you don't know much about the Sanatorium.

Dr. Thibault said that some run-down-at-the-heel doctor told him that he had a little bronchitis, and then a little liver trouble. You will be surprised to see patients that come to us in the far advanced states of tuberculosis, who have been treated, and, God help the poor old liver. He has been "livered" to death, until he hasn't much longer to live. Just cut the "ed" off of the word, and he hasn't much of the rest left.

Now, just to show you about the infection of tuberculosis, out of 753 patients that came to the sanatorium during 1917 and 1918, we had the history of direct exposure of 289. 54 of the patients gave us environments; school houses, etc. 118 of the other patients gave other diseases, such as "flu," pneumonia, measles, etc. 292 didn't know. Out of these 753 patients who came to us, there was exposed to direct infection from these 753, 2,835. Out of this 2,835, there were 1,425 adults directly exposed; there were 336 minors, and 1,074 children.

Let us say "Amen!" to that man's statement made awhile ago. I believe that nearly all cases of tuberculosis are acquired during childhood; and, until they go out of young manhood or young womanhood, when they need so much vitality and they haven't got it, therefore, it flares up, and we have a case of active tuberculosis.

Now, I would just like to say this, that we had 140 patients when I left. There should be 1,400, but we haven't got the room. But we are always willing to take them and we will do our level best for them.

Dr. G. A. Warren (Black Rock): With reference to this subject, the real insidiousness of the disease has been touched on by several of the speakers. But, as I see it, and as I have thought, the only efficacy that we are ever going to get in treating or preventing tuberculosis is going to be some immunizing treatment. We cannot segregate the patients. Many times, with our best clinical methods, we cannot diagnose it. But, like many of the other scourges, smallpox, typhoid fever, malarial fever, yellow fever, and other communicable contagious diseases, the only treatment, as I see it, the only cure or permanent benefit that we are ever going to get to protect the people of future generations, is going to be some immunizing agent that the government will force upon all to have it administered to them, and thereby prevent the spread of the disease to those who haven't it; an agent that will act as an antitoxin. It seems to me, as Dr. Southard has stated, that the government should take charge of this; that is the only way. State coöperation would help, but the individual state legislatures would do little or no good, unless we put a fence around our state and close the gates. When the man discovers an immunizing agent, be that a serum or vaccine, or what it may be, he is going to be the greatest man that has ever lived, outside of Christ, and he is going to confer the greatest blessing to humanity of any man since history began.

Dr. D. C. Walt (Little Rock): I think that the paper is a very timely one and feel that the suggestion that the government take up the problem of the control of tuberculosis as it has other contagious diseases should have the hearty support of every doctor.

The many conflicting statements in the published reports as to measures for the prevention of tuberculosis are rather confusing. Among the best authorities the consensus of opinion is that tuberculosis is contracted in childhood. At the same time they suggest that as soon as the diagnosis can be made, or even suspicioned, the individual should be treated. As specifics in this disease have not proved as satisfactory as we had hoped, why not develop a system of each day's care for the child? Certainly we have plenty of time under a system of that kind to not only get results with those affected with tuberculosis, but also to prevent other pathological symptoms that we find in the laboratory and call disease from developing. If every doctor would teach his patients that they should have active, intelligent care each day, we would get the same class of results that the use of system gets in caring for other animals, in developing business or anything else that we have attempted to make good. A patient can have the right to quit

when he pleases, but I never discharge him as long as he is willing to make a good patient. I think they are worth the care.

Dr. Southard, in response: I have been very much pleased with the interest shown in this important matter as evidenced by the discussions that I have just heard. I want to say that my thought was this: We have heard tuberculosis discussed and discussed, and yet we haven't been able so far to put on foot any movement which seems to be sufficient to accomplish results.

Dr. St. Cloud Cooper: You have got the sanatorium

Dr. Southard: That is not sufficient.

Dr. Cooper: I know it is not.

Dr. Southard: We have a sanatorium, and are doing and have done a lot of good with it. But, the trouble is that it does not reach to the root of the evil. We don't get down to the basic principle. We do not, by our present means, reach down to the people where, as I stated in my paper, this disease is most prevalent, *i. e.*, among the masses of the people. If this society feels as I do, I would like to see a committee of two or three appointed to draft a resolution detailing this matter briefly, and outlining therein some sort of plan to be adopted by this society; and if it sees fit, for a copy of this resolution to be sent to every congressman in this country, either directly from here or through the various medical societies of the different states, urging them to request their congressmen to act in this matter; and a copy of it to be sent to the American Medical Association, so as to get it before that association. This is a big problem. It certainly is important enough to engage the government of the United States in the greatest effort that it can make, and I believe that some sort of a plan like that is what we ought to start with now. Of course, the success of it will depend on how it is taken up and presented. I was talking to Congressman Carraway here yesterday, and he was very much interested in this problem, when I told him something about it, and he said that he would give it his earnest attention if it should be referred to him. I believe our other representatives and senators might also help if the matter should be properly presented to them. If we can get it before Congress in such a way and through such channels as would influence these men to act, that's what we want to do. Undoubtedly the best means of accomplishing our great purpose would be through a national department of health, such as Senator Owen tried so hard to get some years ago and is now working on again; but in lieu of that, and pending some action of that kind, I think that a commission should be appointed to study the tuberculosis problem and formulate a plan to be placed before the government for its adoption.

Dr. A. B. Bishop (Nashville): I would like to ask a question. In part of your paper you say it is curable. I have no doubt of that. But you did not say anything about the treatment.

Dr. Southard: No. That was not my purpose in writing the paper.

Dr. Bishop: If you have any, I would like to hear it, because I have some little idea about it.

Dr. Southard: It was not the purpose of my paper to include the treatment. The purpose was to outline some plan for general work.

Dr. L. Kirby (Harrison): I would like to make a motion that the president appoint a committee to draft proper resolutions on that. It is a little out of order, but I think it is worth while.

Dr. C. M. Lutterloh (Jonesboro): Here is the resolution: That a committee of ten be selected to memorialize Congress to pass a law for the study and control of tuberculosis, in order that we may rid our state and nation of this scourge.

I think Arkansas ought to take the lead in this thing. I appreciate what my friend, Dr. Southard, has said; but I tell you that it is a hard matter to get the counties to appropriate twenty dollars for every one of these fellows sick with tuberculosis. There is my trouble. I will say when we send away twenty or thirty men every month or every two or three months, and the county judge says, "We cannot do these things; we haven't got the funds to pay for this," there is something the matter with our law. Until we get a better law regarding that, we ought to get the people educated along this line.

Dr. E. E. Barlow (Hope): I would like to amend that and make it three instead of ten.

Dr. C. P. Meriwether: I would like to second the amendment.

Dr. Lutterloh: I would like to amend that amendment by stating that we have one from each congressional district, and let him do some missionary work in his particular neighborhood.

Dr. Meriwether: There are only seven.

Dr. Lutterloh: All right; make it seven.

Dr. Phillips, first vice president: The last motion was that there should be a member from each congressional district on this committee. Is there a second to that motion?

Seconded.

Do you wish to amend this, Dr. Barlow?

Dr. Barlow: I would rather have it three, but seven is all right.

Dr. Phillips: You withdraw your motion?

Dr. Barlow: Yes.

Dr. L. Kirby (Harrison): You don't want to put in there requesting other states to join?

Dr. Lutterloh: No. We want Arkansas to go it alone.

Dr. Meriwether: I would like to ask Dr. Lutterloh a question. Is that the resolution that you want to adopt, or do you want this committee to get up a suitable resolution?

Dr. Lutterloh: Yes. Of course, that is a resolution for this society to act upon.

Dr. Meriwether: For this committee?

Dr. Lutterloh: Yes; just a motion.

Dr. Southard: I would like very much to see something done immediately in the line of my suggestion, that is, sending copies of this resolution to get the work started. I am afraid if we should get a committee like that, it would delay matters. The American Medical Association meets now very soon, and I think we ought to have something to send before that association and get the matter started. From the interest I have seen taken here today, it encourages me to believe that medical men everywhere will take the same sort of interest, if we could get it before them, or get some such plan as this, if this is considered practical. We might accomplish a great deal of good and do it quicker. We could then go ahead with this in a more deliberate manner; but I would like to see something in the way of a resolution drafted now to be sent, as I suggested, to these various organizations and individuals.

Dr. Meriwether: I am very much like Dr. Southard. I have had a good deal of experience with committees. The smaller your committee is, the better the work you are going to get done. If you are going to have a committee of seven men, one from each congressional district, you are not going to do anything. If you will have a committee of two or three men, and appoint them now and let them get busy, you will accomplish something; but you are not going to do anything with seven men scattered all over Arkansas, one from each congressional district. (Applause.)

Dr. A. U. Williams (Hot Springs): I am in favor of that motion; but still I would like to table it so that we could start over again. The congressmen have been flooded with memorials and resolutions from different societies over the country—not in regard to this matter, but in many other respects—and, if we want to accomplish something, we had better get some help. If we will memorialize, or send a resolution to, the American Medical Association and get the American Medical Association behind this move, as they have some power and some influence in Congress, something might be accomplished; otherwise we shall fail.

Dr. Meriwether: As I understand Dr. Southard's recommendation, it is not only that the American Medical Association be called on to help out in this thing, but at the same time this committee send this to the congressmen.

Dr. Williams: You have to have some influence behind you. The American Medical Association can do ten times as much in thirty minutes as we can do in two years.

Dr. Meriwether: I might say this, that unless we get some specific proposition and some specific organization or somebody to take care of this, we will be just in the same attitude as the medical profession is in with regard to the United States government today. There are eighteen different departments in the Medical Department of the United States government, under eighteen different heads. The Public Health Service is controlled entirely by the secretary of the treasury. Whatever the secretary of the treasury say to do, they must do. The Medical Department of the Indian Service is under the secretary of the interior. Whatever the secretary of the interior says, they must do. The surgeon general of the War Department must do as the secretary of war says. The surgeon general of the navy is absolutely under the control of the secretary of the navy. So that the surgeons general of the various departments can do nothing in the world except just as the heads of those departments tell them. Now, when we were working for this war business—the various committees—Dr. Mayo made this statement in Chicago last year at the American Medical Association meeting, that if various committees were appointed on one specific line of work for one specific purpose in a medical line, if it took in the members of any of the other various propositions, the heads of those various and sundry departments in Washington wanted to be the head of it, and they didn't want to allow the other fellow to say anything. That is the condition we are up against now, and the only way that we shall ever be able to get anything or control anything in the medical line in the United States government is to make a fight for a cabinet officer as the head of the medical department. (Applause.) There is the place for us to make our fight, and not let these matters be scattered out under all the various heads and departments in the national government. (Applause.)

Dr. Williams: I move, as a substitute for this motion, that the words to the effect that the resolution be sent to each congressman be stricken out, and the American Medical Association be substituted. Let us

memorialize the American Medical Association instead of Congress.

Dr. Lutterloh: I don't believe that we elect men to Congress who are ignorant people regarding the health conditions in their communities. I do not believe that there is a congressman that hasn't a brother or sister or relative or friend suffering from tuberculosis. We haven't got to educate that fellow very much. All we have to do is to show him that the Arkansas Medical Society favors that, and the state favors it, and other states favor it, and he will go to work and see if he cannot get some appropriation; and that was the idea of having seven men, because, with seven districts, every member of the committee can intercede with his own particular congressman. Dr. Meriwether's point may be very well taken, that it may be too large. And, if it is in order, I move that we reconsider the question as to seven, and then I make a motion that we appoint a committee of three. I made the original motion, and it is in order for me to make a motion to reconsider the motion that seven be appointed. I would like to get a second to that.

Dr. Stewart: I will second Dr. Lutterloh's motion.

Dr. H. H. Rightor (Helena): I move that the motion be tabled.

Dr. Williams: I second it.

Dr. Lutterloh: That's all right.

Carried.

Dr. Phillips, first vice president: Now let's start it again.

Dr. Lutterloh: I will let Dr. Meriwether make the motion.

Dr. Meriwether: Dr. Lutterloh, make your motion now, substituting three for seven.

Dr. Lutterloh: I make a motion that a committee of three be appointed to have it in control, to get up some kind of agreement or to formulate some kind of resolution to start the movement.

Seconded.

Dr. Williams: Doctor, to whom do you want to present the resolution—Congress or the American Medical Association?

Dr. Lutterloh: Leave it up to the committee.

Dr. Williams: All right.

Carried.

President Ellis: I will appoint Dr. Southard chairman, and Drs. Stewart and Meriwether as a committee to draft the resolution.

TREATMENT OF LONG BONE FRACTURES.*

By W. F. Smith, M. D., F. A. C. S.,
Little Rock.

The object to be attained in the treatment of fractures is a maximum restoration of the function with a minimum deformity.

The time of reduction and immobilization of the parts depends largely on the nature and

extent of the injury and the general condition of the patient. In simple, uncomplicated fractures a fixed, permanent dressing should not be applied until the initial swelling has subsided. In compound or compound comminuted fractures a longer time should elapse in order that the debris following the injury to the soft parts may be cared for by the lymph and blood vessels.

When it becomes necessary to convert a closed fracture into an open fracture for the purpose of securing a proper apposition, several days should elapse, as there will then be less danger of infection. The delay will make no difference, as ossification does not begin until the tenth or twelfth day.

An *x-ray* examination of the injured parts should be made before the fracture is reduced to determine the extent of the displacement. Another *x-ray* should be taken after the fracture is adjusted, as many times a fracture that is properly reduced fails to remain so. These *x-rays* should be made in two planes, as one plans frequently shows a nice apposition apparently when there is really no approximation of the ends of the fractured bones.

There are many methods of obtaining and maintaining apposition. When there is much displacement and strong muscular attachment, an anesthetic should be given. This applies especially to Colles' fractures, as there is in most cases an impaction at the site of the fracture in the radius, and to obtain a perfect result this impaction must be broken up.

In treating open fractures, little or no attention is paid to the periosteum. It is merely an enveloping membrane. The osteogenic function being in the medullary portion of the bone.

In many fractures the serrated ends of the bones will serve to hold the ends in apposition. When this condition does not prevail, and it is impossible to hold the bones properly in place by splints or extension, a bone graft may be employed. There are a number of different kinds of these grafts, but an autogenous graft usually taken from the side of the tibia adjacent to ridge gives the best result. This graft is placed in the canal in the bone, or a groove may be chiseled to hold it. This graft helps to hold the bones in place and stimulates the osteogenic process and is afterward usually absorbed.

There has been much discussion concerning the use of steel plates and screws in fractures, and their use condemned by many. This con-

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

demnation usually coming from those who have never used, seldom seen applied, and if used by them their technic is so faulty that a poor result is bound to follow, consequently their opinion, not being based on experience, is merely a confession of lack of faith and is not debatable.

Many say that plates should not be applied to compound fractures. Many times a badly displaced bone resulting from a compound fracture may be held in perfect apposition by a plate applied without increasing the extent of the injury to the soft parts by any incision whatsoever.

In injuries that result in badly comminuted fractures, either simple or compound, the steel plate properly applied gets results that save many an arm or leg that would otherwise be amputated.

It is neither urged nor advised that plates be used indiscriminately in the treatment of fractures. There is a technic peculiar to this kind of work with which one must be familiar, also the possession of the proper instruments and knowledge of how to use them in order to get results is requisite.

After the plate has been applied it is frequently necessary to apply a restraining splint. When union has taken place the plate should be removed, as it might become an irritating factor later on.

In many cases of fracture there is an infection. The drainage should be thorough. There may often be too little, but seldom too much drainage. Dakin's solution, to be efficient, must be freshly made when used. The numerous methods of obtaining this solution from tablets or other preparations is unsatisfactory. Ziranol will give good results in controlling infection.

Passive motion to break down adhesions and help restore muscular tone should be begun as soon as practicable. This is important, as many of these cases have been immobile so long that there are extensive adhesions and atrophy caused by nonuse.

During the course of the case frequent *x-ray* examinations should be made, in order that any malpositions that may have developed may be corrected before it is too late. There are some *x-ray* plates, splints and a few patients which will now be presented:

Nonunion.—Exogenous blood serum 20-30 c.c. around end of bone. This fibrinogen forms a framework for callous.

This was followed by a demonstration by "shadow frame" and exhibition of patients.

DISCUSSION.

Dr. F. Walter Carruthers (Little Rock): This paper of Dr. Smith's has been very interesting to me. I have been following this line of work in the army for the past sixteen months at Fort Sheridan, Chicago, Ill. I have just recently returned from there. We have had numerous compound gun-shot wounds that involved the same bone as demonstrated here, and it goes without saying that our experience is the same as he has demonstrated to you here, only in the army I think we find more destruction of bone accompanied with a severe osteomyelitis. These cases, of course, came back to this side for treatment and the primary treatment goes along with the application of the splints that he has demonstrated.

The great difficulty with which we have to contend is the osteomyelitis that accompanies these cases, which makes it very complicated in the treatment, particularly where you have marked deformity and have to use a bone graft in order to obtain any results. Further, it goes without saying that bone grafting cannot be done in the presence of infection.

With all due respect to the doctor and his demonstration, personally, from what experience I have had and from what I have seen, I think the use of the bone plate is a crime to humanity. I have never yet seen any good result from the use of the bone plate. I have read and I have seen the demonstrations particularly of the British surgeons and their use of the bone plate, and as yet they have failed to convince me of its use. But there is one other method that has not been brought out here that might be of some interest to you, and that is the intramedullary bone graft gotten out by Dr. Høglund. I had the pleasure of working with Dr. Høglund and Dr. Ryerson in Chicago in doing this intramedullary bone grafting, by the use of the Høglund bone saw. It is only done in limited cases. It is not used where you have marked destruction of bone. In such cases we use either a bone graft gotten from the patient's tibia or an artificial beef bone graft prepared by a number of biological houses. I think it is a very successful way.

One case of particular interest we had about two weeks ago of the femur with marked deformity and angulation (indicating) from thirty-five to forty-five degrees between ends of two bones. We reduced that deformity and brought the two ends down in apposition. Remember, normally the femur itself is not straight. In the Høglund method, for instance, this intramedullary bone grafting is accomplished by sawing out a piece of strong, healthy bone either above or below the fracture, depending upon where the location of the fracture is and how much bone you will need for fixation. (Demonstrated by drawing.)

The Høglund saw is an improvement on the Albee saw in which you have two saws parallel to one another and can thus saw out your intramedullary graft in one piece at one time. Then by the use of the mallet and chisel you can drive this piece of bone down into the medullary cavity and by having two ends of the fracture in good apposition this graft can be forced down so that it will lie across the line of fracture, thus supporting the fractured ends and holding them in proper apposition.

I think this is a very good method.

Again, I wish to state that I enjoyed Dr. Smith's paper very much.

Dr. Smith, in response: I don't believe that I have anything further to say, except that I am a little surprised that there has been no more criticism. The results that we obtain seem to justify the procedure, and of course saving of limbs is the object. I thank you for your attention.

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Editorials.

PROTECTION AGAINST "FAKE" REMEDIES.

The Council on Pharmacy and Chemistry of the American Medical Association is at once one of the most practically useful and the most generally abused departments of the association. It is abused from within and without. The reason is apparent. It treads on people's corns. That the promoter of use-

less and harmful remedies, owner, salesman or retail druggist should howl when the fraudulent nature of his remedies are exposed and his profits dwindle, may be expected—it is the hit dog that howls. "Why should members of the profession also complain?" is a question which may well be asked. The answer is not far to seek. There are useless remedies which have long held a place with those admittedly good. Many physicians themselves believe in their efficiency. They have used them and the patient has apparently been benefited, perhaps cured. But we must never lose sight of one important fact, namely, that nature, in her own good way, many times, does the good work for which the physician gets credit. We understand that there are doctors who believe in the efficacy of remedies which the Council on Pharmacy and Chemistry condemn. They are naturally inclined to belittle the council's verdict and knowledge when it interferes with their practice.

However, a broader view must be taken. The council has no possible interest in condemning the useful. Its function is to preserve the useful and cast out the useless and harmful, and in spite of criticism it proceeds undismayed to do its duty.

Scientific analysis and experiment demonstrate accurately the usefulness or inefficiency of any remedy, and the conscientious physician will recognize the value of the work of the council.

"Truth in Advertising" is its slogan, and only so can the public—and even the profession—be protected against the false and assured of the true.

The Journal of the American Medical Association and Journals of the various State Societies in rejecting advertising of unknown or uncertain remedies, in effect declares that what it does advertise has the indorsement of the Council on Pharmacy and Chemistry; and the council especially hopes that its efforts will result in increased inquiry relative to the merits of remedies with which the inquirer may be personally unfamiliar. The Journal of the Missouri Medical Association makes an excellent suggestion which, if adopted, will go far to insuring perfect protection, *i. e.*, that all medicine bottles and containers approved by the council, as well as all advertising matter concerning such remedies, bear the words, stamped or printed, "Accepted by the Council on Pharmacy and Chemistry of the American Medical Association."

Abstracts.

A BROADER ANTI-TUBERCULOSIS PROGRAM.

There can be no doubt in Palmer's (Springfield, Ill.) opinion that the incidence of tuberculosis declined markedly before any organized efforts were employed to combat it. It is therefore desirable to work along broader lines and to assist those factors, many of which are bound up in our social and economic life, that have naturally operated toward a diminution of tuberculosis. Organized work, then, means that emphasis must be laid on many other things besides the prevention or infection. It would include child-welfare work and pre-natal care; the combating of all infectious diseases which notoriously aid in the outbreak of manifest tuberculosis; an interest in general health problems, such as water supply, sewage disposal, street cleaning, protection of milk supply, etc., industrial hygiene, such as the regulation of the working conditions of the dusty trades; the amelioration of poverty; and a better understanding of social conditions. All this could be accomplished only by the consolidation of tuberculosis associations with a host of other medical and social agencies into one gigantic, all-wise and all-comprehensive organization.—Palmer, George Thomas. *The Need for a Broader Program in the Campaign Against Tuberculosis. American Review of Tuberculosis*, July, 1919, Vol. III, No. 5.

THE PHYSICIAN IN WAR AND PEACE.

A brief general review of the record made by the Medical Corps of the U. S. Army in the great war is the subject of the chairman's address before the Section on Gastro-Enterology and Proctology, by W. M. Beach, Pittsburgh (*Journal A. M. A.*, July 26, 1919), at the seventieth annual meeting of the American Medical Association. He notices the heroic work of the physicians and surgeons, which is not less marked than that of the fighting force, and quotes the testimony of President Wilson and General Pershing to this effect. It is impossible for every physician to have the rank that he deserved, or to receive the D. S. C., but the profession will come into his own in the history of the war. The research work done through the war was a beneficent result of the great evil which war always is. The camp, in fact, he says, was a post-graduate school, and the physician has

emerged with higher attainments and greater experience than he could have otherwise obtained. As nations again come to their normal conditions, the lessons of coöperation learned in war will be applied to civil life. The spiritual element in treatment receives notice. Medical science should not become wholly materialistic, and the spirit of the physician should have gained in this regard.

VENEREAL DISEASE.

The work of the U. S. Public Health Service for the control of venereal disease in the military zone is described by C. C. Pierce, Washington, D. C. (*Journal A. M. A.*, August 9, 1919). Special measures were necessary, based on the findings in other countries during the war. Epidemic disease is contracted, it had been shown, mainly in municipal areas with unsatisfactory sanitary regulations. The inevitable relation between liquor and prostitution and venereal disease had been demonstrated, and five-sixths of the infections found among troops were acquired in civil life before entering camp. Telegrams calling for a campaign of wisely conducted publicity, immediately followed by a letter containing a program of work, were sent to all state health officers. The first step in the plan was the opening of clinics, and up to the time of writing fully 250 of these, where cases could be treated, have been established. Legislation was also asked for, and the activity and coöperation achieved were greatly aided by the Chamberlain-Kahn Act of Congress, making appropriations for state boards of health and requiring the reporting of cases of syphilis and gonorrhea. A further stimulus was given by the presidential order of July 1, 1918, placing public health activities of civilian agencies under the Public Health Service. The first year's work has emphasized the coöperation with state boards of health, and at the present time this coöperation is being carried out in forty-four states. Investigations on the causes and prevalence of venereal diseases are being carried on along four lines, which may be generally described as medical, educational, legislative, and social. Medical investigation is carried on largely in clinics and in hospitals. Vocational work is also started in certain hospitals for venereal patients and carriers. Thorough mental examination is included. The follow-up work is also mentioned. Public education on the subject is carried on frankly, without being unnecessarily fright-

ful. The consensus of opinion of teachers as regards sex hygiene is that the information should be given simply and unobtrusively in connection with courses on botany, biology, civics, history, etc. The ignorant and willful should be controlled by laws duly enforced. The enforcement of sanitary measures should not raise an issue with educational and moral appeal. The undertaking is a community undertaking—not merely a task for physicians. In the beginning of the work a retail druggists' association, representing about one-sixth of the retail druggists in the United States, offered its cooperation, and a card containing an appeal approved by these druggists was sent to all the pharmacists in the country, asking their cooperation in the good work. The response was most gratifying. In closing, Pierce emphasizes the peculiar relation of the physician to this work. It is he who must teach the people, and his duty often means the discovery of sources of infection, the tracing up of carriers, and the maintaining of high standards of the clinic in the hospitals. He must be assured of the aid of an intelligent and appreciative public. We face long-established prejudice, which yields slowly, but the possibilities have been shown by what has already been done.

Personals and News Items.

Dr. M. F. Dickinson has opened offices in the Boyle Building, Little Rock.

Dr. O. S. Jones of Newport underwent an operation in Little Rock this month.

Dr. George S. Brown of Conway visited in Little Rock this month.

Dr. and Mrs. J. L. Jones of Searey spent several days in Little Rock this month.

Dr. F. C. Mullins has moved from Mena, to Grannis, Arkansas.

Dr. S. R. Herring, of Warren, and Dr. L. E. Love, of Dardanelle, visited in Little Rock this month.

Dr. J. P. Hughes, of Monticello, and Dr. A. A. Hughes, of New Gascony, visited in Little Rock this month.

Physicians and public authorities should be prepared for a probable reemergence of epidemic influenza next fall.

Dr. J. T. Perry, of Greenwood, and Miss Edith Louise McCullough, of Fayetteville, were married July 17, 1919.

Dr. George K. Mason, of Little Rock, has been appointed superintendent of the Confederate Home. He has been the physician for the home about ten years.

The Lawrence County Medical Society met in Walnut Ridge August 6. We hope to have a complete report of the meeting in our September issue.

Dr. James I. Scarborough announces his return from military service. He has opened offices at 900 Scott Street, Little Rock. Practice limited to surgery.

Dr. F. Walter Carruthers, of Dallas, Tex., announces his return from U. S. Army Medical Corps to private practice in Little Rock. His practice is limited to diseases of children and orthopedic surgery.

Dr. W. E. Beck announces that he has been discharged from the U. S. Army and has reopened his office in the Texarkana National Bank Building, Texarkana, Tex. He is limiting his practice to eye, ear, nose and throat.

The next meeting of the Medical Association of the Southwest will be held in Oklahoma City, Okla., the latter portion of October. The exact date of the meeting has not yet been announced. The membership of this association is composed of members of the medical profession from the states of Oklahoma, Kansas, Missouri, Arkansas and Texas.

"Claims that are true have their ON-TAP evidence, based on deeds, to support themselves. Cheapness argues, and stops there. Merit describes, and stands ready to prove itself by its record! You can't keep a good thing down! It spreads its news of merit from lip to lip, and builds a halo of prestige around its name. Persuasion is all right sometimes, but base your opinion on performance."

The following Arkansas physicians of the Medical Corps, U. S. Army, have recently received their honorable discharge from service in this country and abroad, and have resumed their practice in their respective homes: A. Brunson, Pine Bluff; F. L. Proctor, Little Rock; J. B. Hesterly, Prescott; J. J. Sherrill, Warren; C. S. Bungart, Fort Smith; J. W. Butts, Helena; P. E. Johnson, Holly Grove; J. F. Musser, Loekesburg; W. Hibbitts, Texarkana; M. O. Usrey, Blytheville; W. J. King, Branch; P. Murphy and E. O. Rogers, Little Rock; I. H. Jewell, Paris; C. W. Draee, Piggott.

DOCTORS OPEN FIGHT AGAINST BAD DEBTORS — ALIGN THEMSELVES WITH RETAIL CREDIT MEN — RESULTS FAR-REACHING.

PEOPLE WHO FAIL TO PAY DOCTOR'S BILL NOW
WILL FIND THEIR CREDIT IMPAIRED AT
LEADING MERCANTILE ESTABLISH-
MENTS OF CITY.

Physicians of Memphis have organized to protect themselves from "dead beats."

At a banquet of the Physicians' Business Bureau, held Thursday night at the Chamber of Commerce, it was decided that the members of this bureau would ally themselves with the Retail Credit Men's Association. Forty doctors signed the contract with the association last night, and Dr. William Britt Burns, chairman of the physicians' Committee on Arrangements, stated that he expected practically all of the 216 members of the Memphis and Shelby County Medical Society to sign in the near future.

George A. Lawo, president of the Retail Credit Men's Association, was present and explained the advantages which the doctors would derive by joining that organization. Mr. Lawo pledged his personal services to every physician in securing entire satisfaction from the work of the association.

Last winter the Physicians' Business Bureau was formed for the purpose of obtaining better collection of accounts. It was not long before the doctors found that it required more than mere moral suasion to compel payments: even the threat of concerted action on the part of the bureau failed to cast terror into the hearts of poor-pay patients. It was felt that a more formidable weapon was needed to convince the people that the doctors meant business. In the opinion of some of the leaders of the profession, this weapon was to be found by joining the Retail Credit Men's Association.

The case was forcibly presented to the physicians last night by Dr. J. L. Jelks, president of the Physicians' Business Bureau. He pointed out the need of economic pressure to secure payments, and he showed how this will be accomplished by affiliation with the local credit association.

In the future anyone who fails to pay his doctor's bill will be refused credit by the leading mercantile establishments of the city. It is not the purpose of the physicians to exact payment with this weapon from those who are

unable to pay, usually classed as charity patients.

The discussion of the proposition was led by the following physicians: Frank Smythe, William Britt Burns, Louis Leroy, George R. Livermore, E. C. Ellett, William Krauss, H. C. Watkins, C. E. Duvall, B. F. Turner, and H. E. Bickford.—*Commercial Appeal*.

WHY REPORT?

The medical profession is justly considered one of the most potent forces in the up-building of modern civilization, and the individual members, as a rule, take high rank among the brave who are capable of abnegation of personal ease for the benefit of the unfortunate. Perhaps this is the reason that any ordinary shortcomings on the part of so worthy a group come as a surprise to the laity, especially such faults as may be shown in the neglect of the more altruistic duties connected with the practice of the profession.

Coming down to definite facts, it develops that a large percentage of the physicians of the state are not complying with the requirements of the State Board of Health in the matter of reporting communicable diseases, and especially the venereal diseases. Taking the counties from the opposite extremes of the alphabetical order, we find that in Arkansas County seven of the thirty-three doctors within its confines are reporting; in Yell County, seven out of fifty-two; in Ashley County, ten out of thirty-four; in Woodruff County, twelve out of fifty-eight—an average of nine per county for these four counties. In the counties where the cities of the state are located the actual number reporting is greater. Of the seventy-two physicians in Fort Smith, seventeen are reporting; of the forty-seven in Pine Bluff, eighteen are reporting; but the proportionate percentage is not much higher than in the counties where there are no cities. It may be argued that many doctors do not treat venereal disease; but the majority do, and the counties referred to above are essentially rural counties and practically all of their physicians treat all classes of disease. Small as the percentage is of those reporting, it is essentially the same all over the state.

The government reminds us often that no communicable disease can be stamped out so long as its foci are concealed. One of the most effective means of exposing the agencies for the spread of venereal disease lies in the

reports of the physicians. Nobody doubts the willingness of the doctors to help in the big task of making America clean; so it must be that the necessity for these reports has not been strongly impressed on the minds of the profession. Hereby we remind the doctors of Arkansas of the six outstanding advantages to the people of our system of required reports.

First. It practically obliges the patient to continue treatment until cured.

Second. It insures that the patient will continue treatment under some other doctor if he moves from the town where he began.

Third. It furnishes the Board of Health fairly accurate information as to whether the doctors are obeying the law.

Fourth. It aids the Board of Health in obtaining enforcement of the criminal statutes. For example, if a large number of infections are reported from one town, the health authorities can call on the peace officers for aid and have the source of infection isolated.

Fifth. It informs the State Board of Health as to what sections of the state have the greatest number of infectious cases, and thus enables it to take such measures as may be necessary to establish clinics and protect the public health.

Sixth. A present 100 per cent report of all infectious cases would enable the board to accurately gauge the increase or diminution of the incidence of all communicable diseases.

Will you report and thus help advance the work?

STATE BOARD OF HEALTH.

New and Nonofficial Remedies.

AMPULES PITUITARY SOLUTION (Abbott, 0.5 cc.).—Each ampule contains 0.5 cc. pituitary solution, Abbott. The Abbott Laboratories, Chicago.

AMPULES PITUITARY SOLUTION (Abbott, 1 cc.).—Each ampule contains 1 cc. pituitary solution, Abbott. The Abbott Laboratories, Chicago.

AMPULES PITUITARY EXTRACT (Lederle, 0.5 cc.).—Each ampule contains 0.5 cc. pituitary extract, Lederle. Lederle Antitoxin Laboratories, New York.

DICHLORAMINE-T (McNeil).—A brand of dichloramine-T complying with the N. N. R. standards. (For a discussion of the actions,

uses and dosage of dichloramine-T, see New and Nonofficial Remedies, 1919, p. 138.) Robert McNeil, Philadelphia, Pa.

CHLORCOSANE (McNeil).—A brand of chlorcosane containing from 35 to 40 per cent of chlorine in stable (nonactive) combination. (For a discussion of the properties and uses of chlorcosane, see New and Nonofficial Remedies, 1919, p. 137.) Robert McNeil, Philadelphia, Pa.

PITUITARY SOLUTION (Abbott).—Liquor Hypophysis U. S. P. A sterilized solution of the water soluble extract of the posterior portion of the pituitary glands of cattle. It is standardized by the method of Roth. (For a discussion of the actions and uses of pituitary preparations, see New and Nonofficial Remedies, 1919, p. 204.) The Abbott Laboratories, Chicago.

PITUITARY EXTRACT (Lederle).—A sterile solution containing the active principles of the posterior lobe of the pituitary body. It is standardized by the method of Roth and has the strength of Liquor Hypophysis, U. S. P. (For a discussion of the actions and uses of pituitary preparations, see New and Nonofficial Remedies, 1919, p. 204.) Lederle Antitoxin Laboratories, New York.

ANTIDYSENTERIC SERUM (Polyvalent) — Lederle.—(For a description of Antidysenteric Serum, see New and Nonofficial Remedies, 1919, p. 269, and for Antidysenteric Serum, Lederle, see The Journal A. M. A., April 14, 1919, p. 1136.) It is also marketed in syringes containing 50 cc. each, with sterile needle. Lederle Antitoxin Laboratories, New York.

STREPTOCOCCUS VACCINE. (Polyvalent) — Lederle.—(For a description of Streptococcus Vaccine, see New and Nonofficial Remedies, 1919, p. 291, and for other Lederle preparations see The Journal A. M. A., April 19, 1919, p. 1136.) It is also marketed in 10-cc. and 20-cc. vials; in packages of four 1-cc. vials containing, respectively, 50, 100, 200 and 400 million killed streptococci; and in packages of four syringes containing, respectively, 50, 100, 200 and 400 million killed streptococci. Lederle Antitoxin Laboratories, New York (Journal A. M. A., July 5, 1919, p. 35).

TUBERCULIN "O. T." (Lederle).—Old Tuberculin (see New and Nonofficial Remedies, 1919, p. 277). Marketed in packages contain-

ing a stated amount of tuberculin and sufficient diluent to make 1 cc. as follows: Dilution A containing 0.1 cc., dilution B containing 0.01 cc., dilution C containing 0.001 cc., dilution D containing 0.0001 cc., dilution E containing 0.00001 cc., dilution F containing 0.000001 cc. Lederle Antitoxin Laboratories, New York.

TUBERCULIN "B. E." (Lederle).—In addition to the forms previously described, New Tuberculin "B. E." (see New and Nonofficial Remedies, 1919, p. 280, and N. N. R. supplement, p. 10) is also marketed in packages containing a stated amount of tuberculin with sufficient diluent to make 1 cc. as follows: Dilution A containing 0.1 cc., dilution B containing 0.01 cc., dilution C containing 0.001 cc., dilution D containing 0.0001 cc., dilution E containing 0.00001 cc., dilution F containing 0.000001 cc. Lederle Antitoxin Laboratories, New York.

TUBERCULIN "B. F." (Lederle).—In addition to the forms previously described, Tuberculin "B. F." (see New and Nonofficial Remedies, 1919, p. 280, and N. N. R. supplement, p. 10) is also marketed in packages containing a stated amount of tuberculin with sufficient diluent to make 1 cc. as follows: Dilution A containing 0.1 cc., dilution B containing 0.01 cc., dilution C containing 0.001 cc., dilution D containing 0.0001 cc., dilution E containing 0.00001 cc., dilution F containing 0.000001 cc. Lederle Antitoxin Laboratories, New York (Journal A. M. A., July 12, 1919, p. 105).

Propaganda for Reform.

PARTOLA.—A physician reports that a patient taking Partola as a blood purifier is now in a run-down condition with discoloration of the skin and a craving for the drug, and that another patient took three tablets before going to bed, developed cramps and aborted the next day in her third month of pregnancy. Analysis indicated Partola to be tablets containing 2.64 grains phenolphthalein per tablet, sugar, starch, and oil of peppermint (Journal A. M. A., July 5, 1919, p. 55).

DR. DE SANCTIS' GOUT PILLS.—The American agent for these pills is E. Fongera & Co., Inc. When examined in the A. M. A. chemical laboratory they were found to contain powdered colchicum seed, benzoic acid, and milk sugar. There was also present fatty mate-

rial which resembled the fat of colchicum seed, but might be in part added fatty acid. It was concluded that De Sanctis' pills are essentially five-grain doses of colchicum seed. Here, then, we have sold for self-medication an extremely poisonous drug with no warning of the risk the public runs in using it (Journal A. M. A., July 19, 1919, p. 213).

TYREE'S ANTISEPTIC POWDER.—An advertisement appearing in the New York Medical Record contains a bacteriologic report on Tyree's Antiseptic Powder by W. M. Gray, M. D., microscopist, Army Medical Museum, and pathologist to Providence Hospital. Every person who sees this advertisement and is not familiar with the facts will naturally suppose that this report, written on the stationery of the Surgeon General's Office, War Department, is a recent report. As a matter of fact, the report was issued January 3, 1890, nearly thirty years ago. Furthermore, the product that Dr. Gray examined was a different substance from the present Tyree's Antiseptic Powder. All these facts were brought out in the Journal A. M. A., May 17, 1919, yet the Medical Record persists in publishing this inherently dishonest advertisement without explanations or apology (Journal A. M. A., July 12, 1919, p. 129).

COMMERCIAL THERAPEUTICS.—The Merrell Proteogens present another attempt to foist on the medical profession a series of essentially secret preparations whose therapeutic value has not been scientifically demonstrated. It is the old story of exploiting physicians through commercial pseudoscience, of trading on the credulity of the profession to the detriment of the public. Sir William Osler says the remedy against the commercial domination of therapeutics is obvious: "Give our students a first-hand acquaintance with disease, and give them a thorough practical knowledge of the great drugs, and we will send out independent, clear-headed, cautious practitioners who will do their own thinking and be no longer at the mercy of the meretricious literature, which has sapped our independence." Excellent! But must humanity wait a generation? Why not stop this evil at once? The American Medical Association has provided the means whereby this may be done, if physicians will only make use of it—The Council on Pharmacy and Chemistry (Journal A. M. A., July 12, 1919, p. 109).

PROTECTING THE SICK SOLDIERS.—The Council on Pharmacy and Chemistry, aided by the A. M. A. Chemical Laboratory, did a great work in investigating and passing on the many medicinal products offered to the surgeon general for the treatment of the sick soldiers in the hospitals and in the field. Fakes of every description were offered the government and it is a well-known fact that no matter how fraudulent, how fakish, or how ridiculous the wares might be, their promoters were able to get political influence, even certain congressmen and senators being secured to help them. Automatically all medicinal preparations offered to the surgeon general were referred to the council and thus many worthless preparations were barred from use by the government. It has been well said that our soldiers were better provided than our civilians; for, while the government does not take any chances on the acceptance of useless if not worthless medicinal preparations, yet there are any number of doctors who fail to profit by the findings of the Council on Pharmacy and Chemistry (*Journal Ind. State Med. Assn.*, July 15, 1919, p. 196).

DR. MILES' HEART TREATMENT.—According to the Miles Medicine Company, this is "a strengthening regulator and tonic for the weak heart." No information regarding the composition of Miles' Heart Treatment is vouchsafed by the manufacturer beyond the statement of the alcohol content (11 per cent) as required by the law. However, quotations in the advertising suggest that the preparation contains digitalis and cactus. To determine the presence or absence of digitalis in Miles' Heart Treatment, physiologic tests were made. The question as to the presence of cactus was not considered of interest, because cactus grandiflorus has been shown to have no physiologic action. The physiologic tests indicated that there were no digitalis bodies present in the preparation (in amounts that could have any therapeutic effects) in doses containing enough alcohol to induce narcosis. Examination in the A. M. A. chemical laboratory showed Miles' Heart Treatment to be a solution of a compound or compounds of iron representing about 0.12 gm. metallic iron in 100 cc. A solution of iron glycerophosphate in 10 per cent alcohol, with about 5 per cent glycerin, and a little sugar or glucose had much the same chemical properties as Miles' Heart Treatment (*Journal A. M. A.*, July 26, 1919, p. 287).

PROTEOGENS OF THE WM. S. MERRELL CO.—The Council on Pharmacy and Chemistry reports that Proteogen No. 1 (Plantex) for cancer, Proteogen No. 2 for rheumatism, Proteogen No. 3 for tuberculosis, Proteogen No. 4 for hay fever and bronchial asthma, Proteogen No. 5 for dermatosis, Proteogen No. 6 for chlorosis, Proteogen No. 7 for secondary anemia, Proteogen No. 8 for pernicious anemia, Proteogen No. 9 for goiter, Proteogen No. 10 for syphilis, Proteogen No. 11 for gonorrhea, and Proteogen No. 12 for influenza and pneumonia, are inadmissible to New and Nonofficial Remedies because their composition is secret; because the therapeutic claims made for them are unwarranted, and because the secrecy and complexity of their composition makes the use of these preparations irrational. The proteogens are said to be prepared "under the personal supervision of the originator, Dr. A. S. Horowitz," who also originated Autolysin (an alleged cancer remedy, exploited some years ago). At one time the advertising for Proteogen No. 1 (Plantex) gave the impression that this was essentially the same as Autolysin. A study of the medical literature revealed no evidence establishing the value of the proteogens; in fact, no evidence was found other than that appearing in the advertising matter of the manufacturer. The range of diseases in which proteogens are recommended is so wide as to make obvious the lack of scientific judgment which characterizes their exploitation. Considering the grave nature of the diseases for which proteogens are recommended, the want of a rational basis for the method of treatment and the general tenor of the advertising, it appears safe to conclude that these agents do not represent any definite advance in therapeutics (*Journal A. M. A.*, July 12, 1919, p. 128).

"ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY."—The Council on Pharmacy and Chemistry of the A. M. A. is the department of our national organization that has not received the plaudit and encomiums of a wildly joyous medical profession nor the grateful praises of the enthusiastic manufacturer of pharmaceutical articles. Perhaps the reason for this may be found in the character of its duties, for the council must expose fraud, sometimes in high places, and protect the physician from being duped by avaricious persons and by persons who are themselves sometimes the victims of their own credulity. It thus happens that some proprietary article

previously held in high esteem by the practitioner proves valueless, perhaps even fraudulent. The practitioner, however, may have credited much of his success in treating sick conditions to that preparation and the maker has had success in accumulating dollars from the sale, and both parties emit a loud and vicious roar against the council because both lose money. Despite many obstacles, the Council on Pharmacy and Chemistry has serenely pursued its allotted tasks and today stands as the only medium through which physicians may turn for information regarding proprietary articles. The words "accepted by the Council on Pharmacy and Chemistry of the American Medical Association" should be printed on the label and on all advertising circulars of proprietary articles that have been admitted to New and Nonofficial Remedies. Then, when pamphlets and circulars are received by physicians, they will read the statements of manufacturers with sympathetic understanding and with full confidence of their verity of declarations (*Journal Missouri Med. Assn.*, July, 1919, p. 223).

Obituary.

DR. BEAUREGARD W. FLINN.—Dr. Beauregard W. Flinn, of Little Rock, died July 24, 1919. Age 57. He is survived by his wife and son, Heber, of Little Rock; his mother, two sisters, of Marianna, and three brothers, of Des Arc.

DR. GASTON A. HEBERT.—Dr. Gaston A. Hebert, of Hot Springs, died July 23, 1919. Age 40. He is survived by two sons and his father and mother.

Book Reviews.

ROENTGENOTHERAPY.—By Albert F. Tyler, B. Sc., M. D., member American Roentgen Ray Society, Omaha, Neb. With 111 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1918. Price, \$2.50.

The purpose of this book is to supply the beginner in simple terms the principles involved in *x-ray* therapy. A profusely illustrated description is given of the apparatus needed in this line of work. The technic is given for the treatment of different condi-

tions, as well as cases cited illustrating each disease.

THE OPERATIONS OF OBSTETRICS.—Embracing the surgical procedures and management of the more serious complications. By Frederick Elmer Leavitt, M. D., St. Paul, Minn. With 248 illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1919. Price, \$6.00.

This book presents the subject of obstetrics from the operator's point of view, only enough pathology and physiology being introduced to give reasons for and insight into the various procedures described. It is the hope of the author that the treatment of the subject from this angle will prove helpful to the general practitioner.

MEDICAL CLINICS OF NORTH AMERICA.—Volume II, Number III (The Philadelphia Number, November, 1918). Octavo of 275 pages with 46 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price, per year, paper, \$10.00; cloth, \$14.00.

About one-half of this number is taken up by various clinics on influenza, its complications, the bacteriology, nose, throat and ear affections complicating and following the recent epidemic; influenza in children and remarks upon symptoms, prevention, and treatment. Descriptions of ten other clinics are given.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries, and improvements in the medical and surgical sciences. Edited by H. A. Hare, M. D., assisted by L. F. Appleman, M. D., March, 1919. Published by Lea and Febiger, Philadelphia. Price, \$6.00 per annum.

Among the interesting and instructive articles in this number, we wish to mention one on Disease of Children, by Floyd M. Crandal, M. D., in which he refers to the standards for growth and nutrition; enuresis; enlargement of the cervical lymph nodes; pernicious anemia in young infants; intestinal atony; practical points in feeding and intestinal intoxication.

A TEXT-BOOK OF GENERAL BACTERIOLOGY.—By Edwin O. Jordan, Ph. D., Professor of Bacteriology in the University of Chicago and in the Rush Medical College. Sixth edition thoroughly revised. Octavo of 691 pages, fully illustrated. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$3.75 net.

The fundamental principles and methods of laboratory work are treated as fully as seems desirable in a book of this class. In this edition the chapter on the pneumococcus has been entirely re-written, and that on the meningococcus extensively revised. New sections include a summary of our present knowledge of infectious jaundice, rat bite fever, and trench fever.

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New Mayo Clinic Volume

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Cautery Excision of Gastric Ulcer
Treatment of Peptic Ulcer by Gastro-enterostomy
Etiology of Cholecystitis; Injection of Streptococci
Surgery of Gallbladder and Biliary Ducts
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Secondary Tuberculous Peritonitis
Acute Perforations of Abdominal Viscera
Chronic Ulcerative Colitis
Carcinoma of Small Intestine
Fistula of Colon
Primary Retrograde Intussusception of Sigmoid, with Tumor
Ectopic or Pelvic Kidney
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Skin-grafting
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ABDOMINAL DRAINAGE.*

By T. J. Stout, M. D.,
Brinkley.

Although the question of abdominal drainage is an old one, there are still conflicting opinions as to when the peritoneum can be trusted to independently push back an invading foe from the abdominal salient. There are those who will not hesitate to impose a heavy tax on this delicate membrane, and even in the face of greatly diminished bodily resistance, let the abdominal cavity do its own scavenger work. The whole question is more or less dependent on the judgment of the individual operator. Perhaps, after all, there has been ample justification for the ery against the promiscuous use of the iodoform tamponade of Briddon and methods of other distinguished surgeons in the years past. But whether this radical anti-drainage teaching, with its far-reaching influence, has yielded the best result, is open to discussion.

Among all the defensive powers, the capacity of resorption is, perhaps, the most important protection enjoyed by the cells and tissues composing the organism. This power seems to be enjoyed in the highest degree by the peritoneum, which is known sometimes to tolerate and dispose of relatively large amounts of infectious material. Time and experience have not, in the least, detracted from the statement made, nearly thirty years ago, by Park or Briddon, masters of the day, who did not want to be understood as saying that "the natural protection against invasion of cocci was a warrant for the omission of any of the precautions that experience has proven to be useful." Indeed, the influence and tendency has been quite in accord with this fun-

damental teaching. This great capacity of the peritoneum for resorption, and its power to put up a stiff defense, has led the present-day surgeon to drain less and less.

The tendency to dispense with drainage following peritoneal infection has led us to consider three interesting factors: First, the individual equation as regards susceptibility to infection; second, the virulence of the infection; third, the presence or absence of distinct foci of infection. This can not always be determined at time of operation with safety and accuracy, and if there is a reasonable doubt as to one of these factors, I believe some form of drainage is conservative.

POSTURE IN ABDOMINAL DRAINAGE: Posture has become a very important adjunct in the treatment of peritoneal sepsis, and, in passing, it is with grateful appreciation that we pay tribute to the memory of the founder of Fowler's position. The basic principle was established, that the most active and rapid absorption into the lymphatic takes place from the diaphragmatic and omental peritoneum, while the pelvic peritoneum is very slow to absorb; the demonstration of this fact led to Fowler's observation and the position which bears his name. Certainly the position of the patient is an important factor in the recovery of the more severe cases of abdominal infections. If toxemia is minimized rather than increased by posture of the body, there is less to be feared as regards circulatory shock and collapse.

Sir Anthony Bowlby has said, "abdominal drainage is most probably useless except in local lesions." Hathway, of the British forces, in France, has said that the "use of the drainage tube has been abused," and has condemned its usage; although his results are brilliant, his position can not be subscribed to without reservation; he believes that if the surgeons will take their courage in both hands and not be frightened by a little infection, leaving it to be dealt with by the natural

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

resistance of the tissue to infection, and give up the use of drainage tube, they will not only find their results better, but find their outlook on surgery very much changed.

War surgery has taught us what should be the two main principles of civil surgery: first, early and complete operation; second, that secondary or mixed infection is worse than primary infections. Applying his experience of modern war surgery, Hathway started sewing up ordinary staphylococcic abscesses of the subcutaneous tissue, after incision, and wiping out with antiseptics, and found they healed by first intention.

Dr. J. W. Long, of North Carolina, in a series of thirty-nine cases of acute appendicitis, some of which were gangrenous, closed the abdomen in each case with gratifying results in thirty-seven of that number.

I have quoted from the report of Hathway, Long, and others on the abuse of the drainage tube, hoping it will provoke the fullest discussion. I believe it is yet to be proven that the closing of a septic abdomen without drainage is an unqualified rational procedure. No matter how thoroughly a peritoneal toilet may be made, there often lurks behind myriads of colonies of pathologic organisms, which may overwhelm the resistance, paralyze the arm of defense, and change what has seemed at the operating table, a victory into defeat.

The selection of incision in appendix operation depends largely on the case. In chronic cases the right rectus incision is preferable, as it offers a greater abdominal exploration. This incision does not afford as good drainage as the grid-iron McBurney incision; the grid-iron McBurney incision does not offer as great a possibility for post-operative hernia. The question of drainage should be considered in all acute cases; this incision may be enlarged sufficiently to explore the pelvic region, but when it is necessary to interrogate or to deal with the gall-bladder or stomach, a second incision is advisable.

When the plain rubber tubing is used for drainage, it should be soft and pliable, yet not collapsible. There are many objectionable features to the use of an unyielding rubber tube, which, when the abdomen becomes distended with gas, will produce much discomfort, and possibly a perforation of the intestines; they often become occluded, and fail to serve their purpose, or, they may allow infection to enter through the lumen. When much pus is encountered, and especially in the deep

cavity of the pelvis, the coffer dam drain, as originally demonstrated by the late Joseph Price, may be employed. Dr. Mayo has said that victims of tubercular peritonitis never die of the disease, but from associated sepsis; therefore, he does not drain in these cases.

Dr. Howard Kelly has definitely laid down a few essential points which should be remembered, viz: the drain is only a drain to a limited extent, and for a short time; that it acts chiefly as a protective pack. It is essential that the whole area should be drained. Drains should be loose enough to allow for free drainage. The orifice should be left sufficiently large, and at a point most dependable. Fatal infection sometimes results from removing drain too soon, which breaks up protective adhesions. Much damage may be done, however, if a gauze drain be allowed to remain too long. They should not be disturbed sooner than four days, and each day after should be puffed up enough to loosen and clip off down to a clean, fresh portion where it offers better drainage. When a gauze drain is left too long, the intestines and other viscera grow into its meshes, and it is very difficult to remove without damage, possibly producing a fecal fistula or a violent hemorrhage, which can not be controlled without reopening the abdomen. To my idea, much of the dangers in removing gauze drainage may be removed by wrapping tube with gauze and covering with rubber dam. All gauze drainages of any form, it appears to me, would serve the same purpose if wrapped with rubber dam, and it would save the patient much pain on removal of same. When to remove drain, or to allow drainage to cease, is an essential point to be well considered, for it is sometimes necessary to re-establish the drainage when the wound has been allowed to close early.

I do not want to be understood as making any special plea for a particular form of drain in purulent peritonitis, but have presented a simple chronicle of facts, opinions and observations. The whole subject of drainage presents certain definite scientific principles, which must be applied with judgment to each individual case. Mere technic is easy. The modern surgeon must be more than a craftsman; get hold of the principle, therefore, and do not follow with dogmatic blindness an unvarying ritual in every pus abdomen which you may lead to the operating table.

Referring to the conclusions and experiences of the eminent men who served in the world war and who now believe that we should discard our drainage tubes in part, I desire to offer this solution for their success, viz: Those whom they chanced to operate upon were soldiers who had stood the "acid test" and were the most select men of the universe; they were pampered and developed into athletes. Their susceptibility to disease was extremely low; they had every bodily resistance to disease that nature may offer, strengthened by vaccinations of various and sundry kinds. Then why should they not be able to report to us a low mortality?

Our surgical cases in civil practice, as a rule, are not found in their incipency; they have, perhaps, had many attacks and have innumerable adhesions that serve to increase the toxicity and susceptibility, lowering the resistance, or, a condition of extreme acidosis may exist.

When I think of pursuing the course in surgery as prescribed by those who would teach us the advancement in modern surgery that came with the world war, I am reminded of some of the writings of J. W. Riley, the world's most famous "hoosier writer," and especially one of his poems which expresses my fullest opinion of the future of he who would close up a septic abdomen and trust that the resisting power of the patient will do the rest. Riley has said:

"If I but knew what the angels do,
I would sing to you
A song, sadder than the turtle dove's coo."

DISCUSSION.

Dr. St. Cloud Cooper (Fort Smith): I think I can agree entirely with the essayist about drainage.

I do not use simple gauze to drain abdominal wounds. When I use a tube I wrap gauze around the tube, and over the gauze use rubber dam or a piece of rubber glove. Often I only use a piece of rolled rubber dam, which goes down to the place to be drained; this can be removed at the proper time without causing any discomfort.

Large rubber drainage tubes cause gas pains, often lead to fecal fistula, and frequently ventral hernia. I believe that it is still a good rule to drain when in doubt.

I do not drain now as often as I did years ago. If I think a drain is needed after appendectomy, I do not drain through the incision; I usually make a stab wound in the side and drain with large tubes wrapped with gauze and rubber dam.

Dr. J. D. Southard (Fort Smith): I think we have hardly gotten far enough along in these matters to decide the question as yet just when not to drain. I always feel better, when I have an infection in the belly, if I put in a drain to give the infection an outlet. When we go into the belly, we usually do so to remove conditions that have been brought about by

infection of some kind. We are able, perhaps, to remove some of the pathology, but, if there is infection there, what assurance have we, without some outlet, that the trouble may not start again? I have always felt that the safe thing to do is to put in a drain and leave it in for about twenty-four hours; and if, at the end of that time, no trouble has developed, the drain can be safely removed, and certainly very little damage is done by the drainage during that short time. That's my practice. And, unless I can tell just what form of infection I have to deal with, and whether it is still active or not, I shall continue to drain my infected cases.

Dr. H. Thibault (Scott): The great value of a paper is not always in what the essayist says. It is sometimes in the thoughts that are brought out in the discussion, which are sometimes purely suggestive. In any paper that deals with drainage, we never have the surgeons to agree. Why don't they agree? Because the pus that is imprisoned in the abdomen changes. One surgeon opens into it, while it is virulent, in the early stage of its formation, and the bacteria that are causing that pus are active and multiplying, when the resistance of the patient is not very high, and, if he doesn't drain, he will have disaster, probably. Another man will open a pus sac that has been walled off for some time, and our bacteriological experience has taught us that these cavities often become entirely sterile, while still filled with pus. Our mental conception of pus is a fluid that contains many leukocytes, many virulent bacteria and other material. But, pus may sometimes be a fluid that contains dead leukocytes and dead bacteria. That is the reason we have such diversity of opinion regarding drainage. Sometimes a man opens into a live pus sack where the bacteria are active, and at other times he opens into a dead pus sac, where the bacteria are dead.

Now, this has suggested to me a line of procedure similar to that used in dealing with tumors of questionable malignancy. When a man cures the uterus or incises the breast where he has a tumor, he has a pathologist by his side who makes a frozen section and determines whether that tumor is malignant or not, and he determines while the patient is on the table whether he has to do an extensive mutilating operation or simply excise or shell out a benign tumor, and let the patient go. Now, we should have in these cases of pus in the abdomen some means by which the pathologist and bacteriologist can say to this surgeon, while the patient's belly is still open, "This pus is sterile. There is nothing doing. There is no necessity whatever of putting a drain in this patient's belly for three or four days. Close him up." Or, "This case is active. This is new pus. These germs are virulent. They are still multiplying, and you had better leave the case open."

Now, while that sounds idealistic, to a certain extent the same thing has been carried out with wounds of the soft tissues. If the bacteriologist reports that there are so many germs per cc. or per cm. of fluid from a lacerated wound of the arm, when it reaches a certain minimum he can close it up. When they are dealing with a minimum of virulency, it can be closed up immediately.

Now, if this is instituted in abdominal surgery, it is up to some of the surgeons and the bacteriologist to work it out. Then we will have a unity of opinion in regard to drainage, and probably it will benefit some of these patients who are crammed full of gauze, when it is unnecessary, and some of them who are closed up when the gauze had better be put in.

Dr. T. J. Woods (Little Rock): I haven't had such great experience in these matters as some of you gentlemen, but I believe in the old adage that in the multiplicity of counsel there is wisdom. I have not

had the experience of many of the members of this society, that is, actual practice, that might be of some benefit to others; perhaps not to these gentlemen who are experts in this matter, but to those who are, you might say, novices. We all run up against these cases, and have to deal with them one way or another; we either have to try to do what we can for them, or we have to send them to some institution.

I have been very much interested in the paper, and especially as to the question of drainage. There has been considerable mention about that, and, as far as I can judge from the discussions in the matter, the question of drainage has not been settled at all. It all depends on the condition, on the individual's condition, and, in forming one's own conclusions in the matter, I will refer to just two very much contrasted cases which I have had in my own hands. In one case, after making the incision, I found a walled-off abscess; the appendix had ruptured, and pus poured out into the abdomen, and it had been walled off, and I found the intestines were adhered. There had been an infiltrating product pouring out that caused the intestines to all adhere together, and the removal of the appendix was impossible. So, there was nothing left in that case but drainage. That's been a good while ago. Perhaps there wasn't so much known then about the practical manner of drainage. So, I instituted a gauze drainage. That was all that I saw that could be done. In a few days a development took place, for which the drainage might have been responsible, after what I learn from the essayist. There was a rupture of the intestines, and the entire contents of the intestines poured out through that opening for days—I don't remember how long, because it was a long time ago. Well, I felt powerless to do anything but wait and keep up the drainage. In the course of time the discharge from the intestines began to diminish, and finally the wound healed, all except just a small sinus, and through this there was a constant eruption or pouring out of gassy contents from the intestines. In this case I believe that drainage saved that patient's life.

After six months' time, after studying and looking up the literature and racking my brain for a remedy, I concluded that I would try to close this sinus by means of the electrocautery, which was done successfully, and the patient made a complete recovery.

And now, a contrasted case, another case where I undertook to remove the appendix. I found that it was utterly impossible to find the appendix. An abscess had formed, and it had been pushed down in the right groin; it could not be reached. One of the most peculiar conditions of the peritoneum occurred that I ever saw, and that was in a friable condition, about a quarter of an inch thick. I made several efforts to close that peritoneum up before I succeeded. The stitches would pull out. When a tension of the tissues was made to bring the edges together, the stitches would pull out. Finally I succeeded in getting them together enough to close up the outside of the muscle, fascia and skin, and in about three days that patient died. Now, I believe in that case that the treatment might have been improper. I believe that drainage in that instance would have been preferable. So, I am very appreciative of the discussions, and I hope that I shall be much benefited by them.

Dr. Gregg (Fayetteville): If I had pus, I would drain. I have discarded gauze drains in the abdominal cavity. I regard gauze drain in the belly cavity as inhuman. I prefer soft rubber tubing. I carry this tube down to the bottom of the pelvic cul-de-sac, and by placing the patient not in the extreme Fowler position, but half way, you get good drainage. I am confident in numerous cases I have had complete recoveries, that without free drainage would have died.

I believe all pus cases should be drained. The doctor's paper was certainly very timely.

Dr. C. S. Pettus (Little Rock): This is a subject of more than one angle, the discussion of which has, in the past, been misunderstood by many and has created wrong impressions.

The man who has given us much enlightenment as to when to drain and when not to, is Dr. Robert T. Morris, of New York. I can remember my first acquaintance with his clinical teaching when he called attention to the ability of the peritoneum to take care of itself. He never intended to say that no abdomen should be drained, although there were those who so understood him.

We know that an abscess around the appendix which involves the tissue of the cæcum should be drained, and, in certain cases, only a drainage is done.

An old abscess of the pelvis, due to an infected tube, ovary, or appendix, which, through its long standing, has given a certain immunity, can and should be dealt with in selected cases without drainage in closing the abdominal walls.

My lack of judgment in my early surgical experience, which led me to drain when this procedure was contraindicated, has been responsible for adhesions that would not have resulted if I had not drained. However, in excusing my error, I find some comfort in the fact that drainage of the abdomen has made possible the development of abdominal surgery into the substantial position that it scientifically occupies today.

Had it not been for drainage, the death rate at the beginning of abdominal surgery would have been so great that abdominal surgery would have been relegated to the dungeon of criminality. Some such men as Dr. Wood and Dr. Kirby, who are with us today, and other pioneer surgeons of Arkansas, through drainage, have made it possible for us to discuss this phase of abdominal surgery today. During their first days, asepsis was a mooted and undeveloped question, thereby demanding drainage, a procedure not so much necessary with abdominal surgery today because of the present knowledge of surgical cleanliness.

Because of drainage, amputations of limbs during the Civil War ultimately terminated successfully without the practice of asepsis, as surgeons in those days had little knowledge of bacteriology and asepsis.

Surely we will all agree that under ordinary circumstances gauze should not be used in draining the abdomen unless protected by some rubber material.

Dr. W. R. Brooksher (Fort Smith): There is one point in drainage that has not been brought out, which to my mind is the most vital thing connected with the whole business, and that is the point of the change in circulation. I think that is the whole "cheese" in drainage. In the septic abdomen, you save your patient or lose it in the first twenty-four or forty-eight hours after your operation, if you save them at all. If you don't save them then, you don't save them at all. The patient dies in these acute abdominal conditions after the operation, or at least the chance for life is lost in the first twenty-four or forty-eight hours, at the outside.

I think all that you do with your drainage is to assist in removing the infection already there, to increase your phagocytosis and get rid of your poison at the seat of the disease. Now, to my mind, the greatest factor in drainage is not the pus that it removes, but you introduce a foreign body there and you reverse the circulation of the lymphatics and the blood vessels. In other words, your lymphatics and blood vessels drain to the seat of infection, and not into the general circulation, and you have an osmosis to your drain; and, you are pulling the infection out of the abdomen instead of letting the normal circulation take your infection from the seat of the disease.

and carry it all through the general circulation. I don't know that I have any authority for that. I think I have, though. I don't think it is original at all, but I think that that is true, that, in your lymphatic circulation, you have an osmosis to your drain in the first twenty-four hours, and that, instead of taking these germs and these poisons and carrying them all through the circulation, your lymphatic circulation is reversed for the time being, and your current carries your infection to the drain and outside. Again, of course, you have the increased blood supply, your hyperemia, and your local condition is better prepared to take care of the infection and get rid of it. Now, draining, in my judgment, does all it is going to do in forty-eight hours in every abdomen, as far as saving the life of the patient is concerned.

I think a mistake is made in keeping the drain in too long. After forty-eight hours, there is just one use for the drain, and that is to keep the belly wall open so that your abdomen is not going to close too soon.

So far as draining the peritoneal cavity is concerned, that's all over in about twenty-four hours after your incision is made. Your peritoneum, as you all know, will close in about twelve hours, and after twenty-four or forty-eight hours, at the outside, all you have got is a sinus leading down to the point of infection, and you are not treating the peritoneal cavity at all. I remove my drain just as soon as I can in all those cases. But don't make the mistake of removing it too soon. Not from the fact of saving the life of the patient, but the abdomen, especially if you find a direct connection with your point of infection, will either close by organic action or your muscles will lap over and you still stop the drainage from below, and you will have again a localized abscess.

If you will keep your drain through the abdominal wall, you avoid that. I think the trouble in drainage comes from keeping the drain in too long.

There is something in the nature of the tube and things of that character. You ought to have a soft tube. My judgment is, you don't need a tube at all. As Dr. Cooper remarked, a pair of gloves or a piece of rubber dam or anything else will drain just as well as a rubber tube. I don't use a gauze drain any more, either wrapped or unwrapped, because, if you take a piece of gauze and wrap it with a rubber dam, the only place in the world where you can get any drainage is at the bottom of the tube that is exposed, and you get your drainage around that dam and not through it. And that's true of the tube, too. Your drainage goes up around your tube, and not through it. I don't think there is any advantage in the world in wrapping rubber gauze around a rubber tube. If I was going to use a rubber tube, I would just stick the rubber tube down to the point of infection and leave it there.

The point, though, that I especially want to emphasize is, that I think, in our drainage, we get most of the benefit from it from reversing the circulation and draining to the point of infection for the first twenty-four hours, and after that your peritoneal cavity is not draining anything.

Dr. Benefield (Conway): I have had very little experience in abdominal surgery, but just enough to stimulate interest. But Dr. Thibault's remarks suggested the thought to me of the use of Carell-Dakin's solution in dealing with these infected abdominal wounds, and am caused to wonder in this convention, what has become of our army surgeons who are in position to tell us of their experiences with such wounds with this solution?

Now, I notice that in army work, where there are septic abdominal wounds, gun-shot wounds—and these are the meanest wounds in the world—they claim these drainages are not successful, but with the addition of the Carell-Dakin solution they are able to get by with this drainage. With the Carell-Dakin solution, they claim that not only in the abdominal cavity, but the pleural cavity and in compound fractures as well, almost miracles are wrought. They put the drainage tube down into the point of fracture or into the abdominal cavity and into the pleural cavity, and stuff gauze around the tube as tight as it will bear, so as not to interfere with the tissue nutrition, and inject this Carell-Dakin solution into the point of infection through the tube; and in this way they claim when this solution comes in contact with the heat or warmth of the body, that free chlorine gas is liberated in the tissues, which means death to all bacteria and without devitalizing the tissues. It is not irritating, and in this way prevents putrefaction and gangrene and any septic condition absolutely. And, I wonder if that has been the experience of our army men in this line. Perhaps some of these army surgeons are here, but I am very much interested in their experience with this solution in their hands, in their dealing with all septic conditions.

Dr. Stout (in response): I would state with reference to the gentleman who would remove his drainage in forty-eight to seventy-two hours, that I do not think we can have a fixed rule to go by in dealing with every case. In my experience I have found it best where drainage was indicated, to let it remain as long as the wound discharged, and in cases where drainage was removed too early and the outlet allowed to close, my patient's pulse would become accelerated, the temperature would rise, and would necessitate the reopening of the wound enough to allow the escape of the discharge. I believe it is far better to provide for drainage until reconstruction of the interior of the abdomen has progressed to a sufficient extent where the discharge is practically sterile and the patient's resistance improved to an extent that the peritoneum is able to take care of the situation. Removing a drain too early, in my opinion, tears down the protective adhesions that wall off the infected area, and may result in a spread of the infection.

I want to concur with the gentleman almost entirely who says that it is almost criminal to put a gauze drain in the abdomen uncovered. I have had some experience in attempting to remove the uncovered gauze coffer dam that had been allowed to remain in the abdomen until the tissues of the abdomen had grown into its meshes. I disturbed almost every patient in the hospital with the wailing of the patient, and in some cases it was necessary to use adrenalin, ice packs, horse serum and other agents to stop hemorrhage which was produced by the procedure. I think there is great danger in removing the uncovered coffer dam when it becomes adherent to the intestines, omentum and other structures. Two of the principal dangers, in my opinion, are hemorrhage and fecal fistula. I call to mind one case where in removing an extensive coffer dam I almost pulled the entire omentum and a part of the intestine through the incision where I could strip the same from the gauze that had grown into its meshes. In using the coffer dam covered with rubber, there is no discomfort to the patient or damage done in its removal. I believe they will serve the same purpose as the uncovered drain.

I wish to thank you for the interest shown and the liberal discussion of my paper.

PUBLIC HEALTH AND DEMOCRACY.*

By C. W. Garrison, M. D., Little Rock,
State Health Officer.

The greatest war in all history has just been fought and won for the principles of democracy. Thrones have tumbled, crowns have been broken, and nations have had new visions. It is to be expected that so great an upheaval in so short a time and the social standards which have been so radically changed, would bring about a spirit of unrest and a feeling of instability. A latent power suddenly awakened and unloosed is always like the tornado until check-valves have been applied and the counter forces coördinated. The ignorant masses of Russia had only a vague idea as to the principles for which they were fighting. The extremist is always quick to take advantage of a disturbed public conscience and turn it, if possible, in the direction which he would have it go. The Bolshevik and the I. W. W. have unfurled banners before the unthinking masses with inscriptions setting out that all wealth has been produced by labor, that the time is now opportune for the laborer to demand an equitable participation in the wealth produced or assume control of all industries and confiscate the accumulated properties of the few. True, wealth is dependent upon labor, but the principal factor in the production and accumulation of wealth is brain power. The peasants of Europe have toiled for these many centuries, and prior to the war millions were receiving as compensation from \$5.00 to \$10.00 per month. These same foreigners have come to this country, and under the direction of well-coördinated brain force, as that of Henry Ford, Schwab, and many other captains of industry, were earning from \$5.00 to \$10.00 per day.

A hundred years ago this nation was insignificant in the financial and commercial circles of the world. The right to exercise initiative and individuality, however, has, within the century, produced master minds in finance and created untold wealth until now practically one-fourth of the wealth of the entire globe is owned and controlled by this nation. This would lead, then, to the conclusion that democracy is that form of government which affords equal opportunity.

That all men are born equal we know now to be untrue. The baby born without mind or with inherited serious ailments is not the equal of a normal baby. But what the world is now claiming and demanding is that all men shall be born of equal opportunity. When we analyze this question I think the conclusion is forced upon us that our present democracy must be cast into the melting pot and be reborn to meet the requirements of principles more fundamental to the welfare of the human race even than in the past.

Just prior to the declaration of war, in 1914, it was estimated that there were ten million persons in this country in a state of poverty at all times, and that there were four million paupers continuously; that there were three million school children attending school who received an inadequate breakfast or no breakfast at all; that of the vast amount of wealth in this country, nine-tenths of it was owned and controlled by less than one-half of one per cent of the population.

General Gorgas once said if he could choose only one means of improving health conditions throughout the country he would double the income of the laborer. This with an idea of permitting a better hygienic environment, more adequate and wholesome food, more rest and more recreation.

It has been said that the millions of dollars donated to charity simply anesthetized the poor and prevented outcry and demand. A more equitable distribution of wealth must take place to prevent such extensive poverty and give to the poorly fed and undernourished children their opportunity. To bring about a more equitable distribution of wealth and at the same time maintain a high standard of production and values, it will take something more than laws, something more than police power and civil strife. Investigations have revealed that in practically all instances poverty is the result of physical or mental depravity, or both.

When we consider that about 28 per cent of the inmates of all insane asylums are there as result of syphilis; when we remember the thousands of cases of preventable blindness which occur in children; when we take into account the large number of feeble-minded children brought into the world, and the thousands upon hundreds of thousands of others who are handicapped before and after birth by preventable causes, which do not have equal opportunity, are we of the medical pro-

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fession measuring up to our full duty as citizens and guardians of public health? Are we furnishing fuel for the melting pot which is to give forth the real democracy of opportunity which alone will not only counter-check, but pacify, Bolshevism and all other "isms" antagonistic to society?

THE PRACTITIONER'S PLACE IN PUBLIC HEALTH.*

By J. B. Roe, M. D.,
Newark.

It is somewhat embarrassing to me to attempt the discussion of the subject "The Practitioner's Place in Public Health." While I have my own ideas of the part the practitioner should take in public health, yet, I doubt my ability to command language to clearly present these views to you. It is also embarrassing to me to attempt the discussion of this subject for the reason that I am sure my views will not accord with the views of some of my professional brethren on this subject, and I deem it proper to say here and now that the expressions I shall give are my conscientious views, and are not made to reflect upon anyone who may have views different from my own, and if I shall say anything which may seem offensive to any member of our society, I assure you no offense is intended, and ask that you criticise me with clarity.

The practitioner is mere man. He selects his profession just the same as other men in other callings and professions. If he has selected his profession after a mature deliberation, he has made the selection because he believes he is best adapted to this calling; because he believes he can best fill his mission in life in the discharge of the duties of his chosen profession; because he believes he can serve his people better in this profession than any other.

Having selected his profession and spent the years of time and the money necessary to equip himself for successful practice, it is only natural that the practitioner should desire to make a living for himself and family, and, if he is a wise man, he will naturally desire to accumulate a competency to have laid by for those years which will come to all practitioners, if length of days are permitted

to be enjoyed by them, when they can no longer engage in the active practice. But, the making of a living for himself and family, and laying up something for old age, are not, or should not, be the only aims of the practitioner. He should have a sincere desire, a burning ambition, if you please, to be able to relieve his patients from suffering and pain. Of course, his practice will depend largely upon his ability to successfully administer to the ills of his patients, and as his fame increases as a successful practitioner, his patients will multiply, and his earning capacity will increase. But the aims of the practitioner should not stop with the accumulation of property; it should not cease with the ability to successfully treat his own patients, but he should also have a desire to promote the general health of his community, and make himself, as far as possible, like the Great Physician of Galilee, a benefactor to mankind.

In discussing the practitioner's place in public health, I shall necessarily have to refer to public health boards and to health officers, to which I shall refer without any reflection upon the positions, or to the individuals holding any position upon such health board, or to any person holding any health office, as necessary evils. I say necessary evils, because it matters not how well informed the public might be upon the subject of health laws, these laws would go unobserved and unenforced without the health officers.

Again I would call attention to the fact that the increase of population and the advancement of civilization call for new laws to meet the changing conditions of the times. A quarter of a century ago no law was required that automobiles should have the headlights dimmed, and the tail lights lighted at night, because we had no automobiles. But now we have thousands of automobiles in our cities, on the streets and highways, and it is necessary to have laws governing the automobile traffic. Likewise, fifty years ago our state was sparsely populated; there was comparatively little travel; the means of spreading contagious disease were negligible. At that time there were no large cities, and, in fact, no densely populated communities requiring the health regulations which are necessary today, under our changed conditions, to protect the health and lives of our citizens. We now have some cities in our state, we have many densely populated communities. We have railroads penetrating every section of our

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state. We have automobiles running from city to city, from town to town, from hamlet to hamlet, and penetrating the most isolated sections of our great state. These changed conditions require laws for the protection of the health of our citizenship. The legislature, at the request and insistence of the medical profession, has enacted laws creating health boards, health officers, and has made requirements upon the citizenship of our state unknown in former years.

It is necessary that our citizenship be educated to see the needs of these laws that they may willingly support the laws, and back the health officers in the discharge of their duties. Without a healthy public sentiment supporting a law, it is impossible that any law, it matters not how good the law may be, shall produce the best result.

It is impossible for the health boards and health officers to educate the public to appreciate these laws and stand for their enforcement, because there is always more or less enmity in the minds of the public concerning the creation of new offices. The public is entirely too ready to say that the law was passed solely for the purpose of giving some particular person a job at the expense of the taxpayers. Then we have, too often, this sentiment of the public inflamed by the demagogue seeking place, power and position, encouraging the public in its erroneous views.

To my mind, this is the place where the conscientious practitioner comes in to aid the health officers, and to do his part in educating public opinion to see the need of these new laws created to meet changed conditions. In the faithful discharge of his duties, the faithful practitioner may, and often will, make enemies in supporting the health boards, and striving to make the public see that the laws are created for the best interest of the community.

Doubtless many practitioners remember the opposition made by the public to the law requiring school children to be vaccinated. You remember hearing parents say that "I will never have my child vaccinated. I will keep him out of school first." The parent thinks of the conditions of the past as he has known them. He has known some friend to suffer with a sore arm from vaccination. He has known some other person to have a light form of smallpox, and says that the vaccination is worse than the smallpox, and that the law was passed just to make business for the doc-

tor. Here is a good place for the practitioner to come in to the aid of the public health. He can explain to the objecting parent that before vaccination came into vogue, that smallpox was a most loathsome and deadly disease; that before vaccination was introduced, such mild form of smallpox as he happened to know of was unknown; that it is the vaccination which has killed the poison of smallpox, and makes it the mild form we know today. Then we can show how much more readily the disease is transmitted today with our improved modes of travel than it was a generation ago, and he will begin to see the need of the new laws, and new burdens, as they appear to him, imposed upon by these new laws.

The practitioner sometimes fails to see the necessity of certain legal requirements. He can not understand why it is necessary for him to report the birth of a child, the sex, or other statutory requirement, and sometimes I fear, if we investigate closely, we will find practitioners neglecting to comply with the laws governing the practice. This should not be. The laws are all good and founded upon reason, if we will only take the time to investigate for the reason for the law. The life of the child is important to the state; at times, such as our late military draft laws, the age of the child is of prime importance to the state and to the child. To illustrate, if a boy born eighteen years ago the 10th day of last September, when called upon by our government to register for military duty, had the certificate of birth from the attending physician, there could be no question about the correctness of such a certificate, because it was made at a time when the physician could possibly have had no reason to make a false record. The truth hurts no one; the boy could not shirk his duty to register, and the government would not be wronged by his refusal to comply with its reasonable requirements.

But some may argue that such a law is a burden upon the practitioner, and that he gets no pay for that service; that if the state requires him to perform extra duty, that it should provide some means to pay him for his services. I answer that no man has an inherent right to practice medicine. The right to practice medicine and care for the health and lives of the citizenship is rightly granted by the state to such persons who can and will faithfully perform the reasonable requirements laid down by the legislature. Then if

the laws of our state require us to take a four years' course in a medical college before we can go out and practice our profession upon the public, why is it not just as reasonable to require us to make a birth report in a case of confinement? Then if the state has this right in granting us the privilege of practicing our profession, it is my contention that we are not entitled to our fee in any ease until we comply with every statutory requirement connected with the case in hand.

It is true that it is necessary to have physicians on the boards of health, and at times to have physicians as health officers, but, in my opinion, it would be better for the profession and better for the public, for the health boards and health officers to be practitioners who have retired from the active practice. I realize the fact that there is an objection to having retired practitioners fill these places for the reason that men do not usually retire from the practice until they have reached the evening of life, and it might be argued at that age they could not so well enforce the laws as a younger man. Then it may be argued that age is slow to accept new ideas, and these arguments are valid objections to the suggestion of having health boards and health offices filled by retired practitioners. But, it seems to me that there is too often a spirit of jealousy arising between the profession who are engaged in private practice, and the health officer who is also engaged in private practice. Of course, this jealousy should not exist, but it does exist; and until some means can be devised to root out this spirit of jealousy of which I have spoken, and we can have the hearty cooperation of the private practitioner and the health officers, it seems to me that it would be for the good of the state to have the health offices filled with practitioners who have retired from active practice.

Another objection, it seems to me, to the private practitioner taking upon himself the burden of a health officer, is that no man can properly look after his private practice and discharge the duties imposed upon him by the state when he undertakes to discharge the duties of a health officer. He will either love his private practice and neglect his public duties, or he will love his public duties and neglect his private practice. This is as true as Gospel. A man can not serve two masters.

The practitioner has a master, and that master is his profession. When he is engaged in the private practice, duty impels him to exert

every effort, to use all his power, ability and skill to promote the welfare of his patient. This is his first duty. His second duty, as I see it, is to promote the general welfare of his community. But, on the other hand, if a man accepts a position as health officer, it seems to me that the first duty he owes is to the state—to the public. He should let his private practice know that the scope of his work has passed from the individual to the community—to the state.

I remember having read some lines describing "The Way to Live," and it seems to me that those lines are applicable to the life of the practitioner, and are not out of place to quote in discussing "The Practitioner's Place in Public Health." The lines are as follows:

"I would be true, for there are those who trust me;
I would be pure, for there are those who care;
I would be strong, for there is much to suffer;
I would be brave, for there is much to dare;
I would be friend to all the poor and friendless;
I would be giver and forget the gift;
I would be humble, for I know my weakness;
I would look up, and love, and laugh, and lift."

We belong to one of the so-called learned professions. We gain a confidence from our patients not enjoyed by any other profession. Our patients learn to love and respect us, and to have a high regard for our profession. We come in close touch with their inner lives, and, having gained their trust and confidence, we should be true to them, true to our profession, and true to our state which permits us to practice our calling. And since we have made friends of our patients and gained their trust, we should be pure in our dealings not only with our patients, but also with the public, and with the state. Then in faithfully discharging the duties of a practitioner, we have all realized that there is much to suffer, much to dare, and strength and bravery are required to enable us to meet, at all times, the perplexing questions with which we are confronted. In the course of our practice we meet the poor and friendless, and out of regard to our profession we should always be their friend. Then, if at times we are reminded of the fact that we are doing something for which we receive no pecuniary reward, let us forget the gift, remembering it is better to give than to receive. With a spirit of humility, ever remembering our weakness, let us meet our fellow-man with an upward look, with a heart full of love, and a cheerful laugh; let us do these things, and in a very

large measure we shall have fulfilled "The Practitioner's Place in Public Health."

DISCUSSION.

Papers by Garrison and Roe.

Dr. L. Kirby (Harrison): I want to say that I heartily concur in what both of these writers have said, in a general way. The writers have made some valuable suggestions from which we may draw conclusions. One of the writers dwells on the war. The war was won by the doctor. (Applause.) Without the saving of the wounded alone by our doctors, we could not have won the war. The doctors that went to the war were of a class that the government required to fill that place.

The people of Arkansas are entitled to as good doctors as any other state in the Union. We can not have those doctors unless they are educated. I, as a member of the Council of National Defense, went over fifteen counties of this state, and I found many a doctor that was not educated and could not do the army work. Who is to blame? One of the writers stated that a man selected his profession because he thought he was best qualified for it; that a man selected the profession of education or that of school teacher, because they thought they were best qualified for it. The state requires a standard of education of those who would teach our children before they can take charge of the minds of our children, which is right and proper. The state is not requiring what it should in this state to fit men for the emergencies that arise, as they did in this war. Are we not to blame as doctors if we stand back and do not insist upon one standard for every man that practices medicine in the State of Arkansas? I believe we are. The people do not know what it takes to make a school teacher. The teachers themselves have rules of testing teachers and they don't know what it takes to make a doctor. We doctors alone can investigate that question. We have half a dozen state licensing boards; among others they license the homeopath. In my work in the Council of Defense, I will say to the credit of the homeopath, every one of them was qualified to enter the army. I am sorry to say there are other schools of practice which do not come up to the homeopathic standard. Why not say more? If a doctor, for want of a proper education, can not do army work, is he fit for the work at home?

As to the regular profession to which we belong, its standard of education at present qualifies men for practice in the army, at home, or anywhere a doctor may be needed. Let us, as doctors, who know what it takes to make a doctor, insist that our legislature have only one Board of State Examiners to license doctors. The standard to be so high that every person obtaining license should be qualified for army or any other work. Then instead of being forty-ninth among the states and territories as to the proportion of doctors in the army, Arkansas would have such an educated profession that we would be among the first.

Dr. T. J. Woods (Little Rock): I have been very much entertained and edified by the papers that have been read and discussed here, especially by the paper by my friend who sits before me. Dr. Roe. I have known Dr. Roe ever since he has been a very young man. Judging from his present size, you may conclude that I have known him a long time. It so happens that Dr. Roe is from the same county that I have spent a large part of my life in—Independence. I reared and educated my family at Batesville, and I don't feel like I am exaggerating it when I say that my wife has raised as nice a family as any that was ever raised in the County of Independence. (Applause.) Dr. Roe has gotten up as fine a paper as I ever heard in my life. It is simply superb. I am surprised at the doctor. (Laughter.)

Now, I want to tell you gentlemen, without creating any fuss or hurting the feelings of anyone, that, since I have been in the public health service under Dr. Garrison, I have traveled over one-half of the state, or perhaps a little more than half of the territory of the state, and I have made an especial purpose to look after the sanitary conditions about the towns I have visited, because of the fact that I have just related in connection with Independence County, I felt an especial interest in that county. So, the first opportunity I got, I went to Independence County as field agent of the State Board of Health. I went to all of the institutions at Batesville. They have two state institutions at Batesville. I inspected them. I inspected the children, as to the physical condition of the children, in connection with the physicians of the town. I visited the public schools of the county, and among them was the public school of which my friend is one of the directors. I know something about the sanitary conditions of that county. Doctor, if you will promise to clean up, I will not say any more. (Applause.)

Dr. Roe (in response): Gentlemen, there is very little for me to say in response. I have enjoyed the discussion. It seems that Dr. Garrison has pretty thoroughly covered the field of public health, and I have enjoyed it immensely. We are all very much interested in public health and are a unit "in the why," but sometimes we disagree "in the how" it is to be managed.

My friend, Dr. Woods, has rather gotten me in bad. His joke is rather applicable. But I shall contend that he misunderstood my paper, in part, at least. I did not mean to have you believe that I was doing so very much. I admit that things are not as sanitary as might be, and had we been expecting a visit from a health officer we certainly would have cleaned up some. But I am sure that Dr. Woods did not mean to have you believe our condition so bad. His misunderstanding my intentions reminds me of a meeting being held by spiritualists. I want to say now that I didn't attend this meeting; I am only giving you what purports to be the facts in this case. During this meeting the spiritualists called up and conversed with the spirits of the dead, made tables walk, and many other things too numerous to mention. A skeptic happened to attend one of their meetings, and when they called for members, this gentleman arose and said, "Ladies and gentlemen, I am favorably impressed with your order. But before joining, I would like to know if there is anyone living in the spiritual world who has met and laid their hands on a ghost." The preacher arose and said, "Ladies and gentlemen, there is a skeptic in our midst who wishes to know if there is anyone now living in the spiritual world who ever met and laid hands on a ghost. I have not. If there is anyone present who has, please raise your hand." A grave-yard quietness reigned for a while. A lad sitting back near the door put up his hand. The preacher said, "Come forward, my little man." The lad walked up. The preacher laid his hand on the lad's head and said, "Now, my little man, you tell us that you have met, conversed with and had your hands on a ghost?" The lad said, "Ghost, hell! I thought you said a goat."

Dr. Garrison (in response): Gentlemen, I have been very much pleased with the discussion of these papers. In behalf of Dr. Roe, I want to say that in recent days, at least, he is practicing what he preaches. Woods landed on him pretty hard, but I happen to know that through his individual influence as a practitioner, not as a health officer, he brought about an inspection of the schools up there, and he has stimulated public sentiment in his community; and, while not a great deal has already been accomplished, he has the beginning of an organization which is going to accomplish something. I was very glad to hear his

paper. I like to hear practitioners get up and read public health papers.

He brought out every good point. While I didn't bring it out in so many words, I was drifting to that idea of full-time health officers. I think you will all agree, and you all know, that before we can have a very efficient public health service in this state, we must have full-time health officers. They are coming to that in other states. We have already arrived at that point in this state, I am pleased to say, and right now I could place not less than six full-time health officers, if we had the trained health officers available. As a rule, a man who is qualified to make a good health officer makes a good practitioner, and he can make a good deal more money in the practice of medicine than in the practice of public health. I have on file now requests from different counties asking me to send them, if possible, a trained health officer. The medical colleges are now recognizing the need and demand for health officers, and it is fortunate that in many of the medical colleges they have established public health courses and the doctors are beginning to take the degree of public health, and the colleges are now turning out trained men, and as soon as we can get a sufficient number of trained men, I believe the sentiment will be ripe in Arkansas to get a law which will enable us to give each county a full-time health officer; and, not only a full-time health officer, but a county health department, and give that health officer his assistants, bacteriologist, public health nurses, inspectors, etc. And I want to say, gentlemen, that the public health nurse is essential to a health department. We are getting public health nurses for a number of counties, and probably can furnish fifteen or twenty to the different counties. The county judges, assisted by the public-spirited citizens, have said, "We have the money if you can give us the public health nurse." We haven't the public health nurses. The demands have increased beyond our ability to supply them.

I want to apologize for my paper. I dictated it at the noon hour yesterday, with but very little forethought. I got it up as an emergency paper, and in that I tried to submit to you just some few suggestions which would put you to thinking along those lines, and it occurs to me that some of those suggestions are fundamental, because every one of us, especially those of us who are led to the social service side of this work, in the larger cities especially, the rank and file certainly of the people, possibly of the medical profession, has little conception of the depravity in Arkansas. We do not have to go to St. Louis, Chicago, Philadelphia and New York. We have it right here in Arkansas. And, if the probation officer of this county and the county judge were here right now, they would tell you that almost every day some question is presented in the form of a little chap or some individual that is in a state of depravity, as the result of sickness, and the sickness probably brought on because of the lack of brain power due to feeble-mindedness, disease, or undernourishment, which incapacitates the individual for earning a livelihood. Therefore, before we can very greatly raise the general public health standard throughout the country, we are going to have to correct the conditions suggested in my paper, and it is just when we get to that point that we will have these well-rounded public health departments in the counties, and along with that we will be able to meet the suggestion thrown out by Dr. Kirby. We need the united support of the medical profession.

I want to say that it pleased me greatly to note the very greatly increased sentiment and coöperation which has developed in the medical profession in this state during the past few years.

NATIONAL SAFETY COUNCIL.

An entire general session of two sectional meetings of the Eighth Annual Safety Congress of the National Safety Council, which is to be held at Cleveland, O., October 1 to 4, inclusive, will be devoted to discussions of health service in connection with organized accident prevention work.

The program of the congress, just issued, lists 160 speakers, including some of the men most prominent in the practice of industrial medicine. It is expected that more than 3,000 safety engineers, industrial physicians, plant managers and others interested or actively engaged in the work of accident prevention will attend the congress.

Dr. Charles A. Lauffer, medical director of the Westinghouse Electric & Manufacturing Company, will preside at the general health session on the afternoon of October 3, in the ballroom of the Hotel Statler at Cleveland, and at the health section meetings during the mornings of October 3 and 4.

While not generally known, it is a fact that during the nineteen months of our participation in the war with Germany the casualties from accidents in peaceful America were more than twice as great as the casualties among the American troops in France. The statistics of the United States census show that more than 70,000 persons died each year as the result of accidents in America. It is estimated that 20,000 of these deaths are caused by industrial accidents and 50,000 by accidents in the streets and homes.

It has been the experience of men and women engaged in organized accident prevention work that a large number of the deaths attributed to accidents result only indirectly from accidents and more directly from causes that can be eliminated by health education. The National Safety Council and the 3,800 industrial concerns included in its membership are therefore giving more and more attention to health, education and health service in the war on accidents.

RED CROSS ON THE JOB.

Valued at approximately \$100,000, 162,000 refugee garments, cut, but not made up, have been ordered delivered by the division warehouses to the American Red Cross Commission for Serbia.

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WILLIAM R. BATHURST, EDITOR
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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

GOVERNMENT WANTS WORKERS IN VENEREAL DISEASE CAMPAIGN.

The recently created Interdepartmental Social Hygiene Board of the United States government is in need of a number of specially trained men and women to complete its organization. The United States Civil Service Commission has announced examinations for the following positions: Chief of division for

scientific research, \$3,500 to \$4,500 a year; chief of division for educational research and development, \$3,500 to \$4,500 a year; educational assistant, \$2,800 to \$3,600 a year; chief of division of relations with states, \$3,500 to \$4,500 a year; chief of division of records, information and planning, \$3,500 to \$4,500 a year; supervising assistant and inspector, \$2,800 to \$3,600 a year; field agent, \$1,800 to \$3,000 a year. All positions are open to both men and women.

Applicants for these positions will not be given scholastic tests in an examination room, but will be rated upon their education, experience and writings. Published writings of which the applicant is the author will be submitted with the application. For most of the positions a thesis on one of a number of given subjects will be accepted in lieu of published writings. The receipt of applications will close on November 4. Detailed information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or from the secretary of the United States Civil Service Board at the postoffice or customhouse in any of 3,000 cities.

The law creating the Interdepartmental Social Hygiene Board provides for the coöperation of the War and Navy Departments and the Public Health Service of the Treasury Department for the prevention, control and treatment of venereal diseases. The duties of the board as set forth in the act are (1) to recommend rules and regulations for the expenditure of moneys allotted to states for the use of their respective boards or departments of health in the prevention, control and treatment of venereal diseases; (2) to select universities, colleges or other suitable institutions which shall receive allotments for scientific research for the purpose of discovering more effective medical measures for the prevention and treatment of venereal diseases; (3) to recommend such general measures as will promote correlation and efficiency in carrying out the purposes of the act; and (4) to direct the expenditure of certain moneys appropriated by the act.

Editorial Clippings.

YOUR COUNTY SOCIETY.

The doctor's vacation season is over and as another year's work is begun, it is a matter of vast importance that we consider the far greater responsibilities that will hereafter rest

upon us in upholding the honor and maintaining the efficiency of our profession. The health insurance scheme, the increase of quackery and nostrums and other evils are threatening the standing, if not the very life, of our profession as an honorable and serviceable body. We therefore urge the taking up of our various county medical societies' work at once with greatly increased attendance, interest and efficiency, and that a determined, well-planned, persistent effort be made to bring into the society every qualified and honorable practitioner within the society's bounds. *We must have a far more thoroughly organized profession if we are to overcome the evils that threaten us.*

We also urge *prompt* reports to The Journal of every meeting held. Otherwise we shall be tempted to infer that little is being done that is worth reporting. Most of the societies elect officers in October. We ask them to elect reporters who will report. That office is not a mere honor conferred to please the one selected; it is next to that of secretary the most important, and a good report of a society that is doing good work reflects honor on both him and his society. During the coming society year we ask our readers to scan their society's records as it appears in The Journal, and to endeavor to give their reporter something to report that will show that the society is alive and doing its duty—increasing its members' scientific knowledge and transacting its business in a business-like way.

We urge these matters knowing that we have a State Society whose record we have abundant cause to be proud of, but whose future depends largely upon the character, work and efficiency of our county medical societies.

The secretary of every county society is urgently requested to send to Dr. W. J. Chandler, secretary of the State Society, South Orange, the names of all officers elected at their respective annual meetings, *as soon as possible after their election*. Failure to do so causes confusion in the work of the State Society and delays in correspondence with the county society, by the secretary and others.—The Journal of the Medical Society of New Jersey.

Abstracts.

BENZYL BENZOATE.

The treatment of dysmenorrhea by the use of benzyl benzoate is treated of by J. C. Litzenberg (Journal A. M. A., August 23, 1919). The most logical classification of dysmenorrhea is the etiologic one of Block into obstructive; ovarian, due to increase of ovarian secretion; and vagotonic, due to irritability or increased tonus of the autonomic nervous system. The first of these is usually operative, and the ovarian can be treated by cauterizing or cocainizing the "genital spots" on the nasal septum, or by neutralizing the excessive secretion. Litzenberg briefly defines the autonomic nervous system involved in the so-called spasmodic or essential dysmenorrhea, which is paralyzed by atropin. He has thus treated it, heretofore, with doses of atropin from 1/150 gr. to 1/50 gr., according to the severity of the attack, with very satisfactory results. But it is too potent a drug, he thinks, to be left in the hands of a patient fourteen times a year, and it often requires to be used to the point of tolerance to get the desired result. An anti-spasmodic, therefore, he believes is indicated in the spasmodic or essential dysmenorrhea. The favorable report of Macht as to benzyl benzoate induced him to make a comparative test of this drug. The benzyl esters seem to act only on the muscle cells instead of on the nerve, and benzyl benzoate seems practically nontoxic. Macht tried benzyl benzoate with beneficial results in gastrointestinal colic, renal and ureteral spasm, biliary colic, dysmenorrhea, angiospastic conditions, and bronchial spasm. He reports 300 cases, in some of which benzyl benzoate was continued over long periods with no dangerous or toxic symptoms. . . . He used a 20 per cent alcoholic solution of the drug, flavored with some carminative, giving a dose of from 10 to 30 drops in cold water." Litzenberg's first patients complained of the taste of his solution, and he had made up for him a 20 per cent emulsion with acacia in aromatic elixir of eriodictyon, which was better received. Not quite so great a relief as was expected was obtained by the dosage advised by Macht; so Litzenberg increased the dose to one teaspoonful, and finally to two drams every two hours. No bad effects were observed, except in an occasional case of vomiting, and rarely a feeling of weakness, if it might

be called such. Further study as to the minimum dose and best method of giving it is promised by the author.

SYNTHETIC DRUGS.

P. N. Leech, W. Rabak and A. H. Clark, Chicago (Journal A. M. A., September 6, 1919), report the examination of American-made synthetic drugs. Owing to the war, the United States has become independent of Germany so far as a number of important synthetic remedies are concerned. New official names have been given to several of these, license for the manufacture of which has been granted by the Federal Trade Commission . . . , "arsphenamin (contracted from the scientific name arsenophenolamin) for salvarsan, arsenobenzol, diarsenol, arsaminol; barbital (contracted from the scientific name diethyl-barbituric acid) for veronal; barbitol-sodium (the sodium salt of barbital) for 'veronal-sodium' and 'medinal'; einchophen for atphan or phenyleinchoninic acid (the U. S. P. IX name); procain for novocain hydrochlorid (from 'pro' and '(co)caine'), and procain nitrate for novocain nitrate." Chemical tests were made to insure a high standard of purity without hardships to the manufacturer, a standard equal to or better than that of the German-made product. These were carried out in the laboratory of the A. M. A., and the essential features of this work are reported in the article. The conclusions from these examinations so far are summarized as follows: "1. American chemists are producing synthetic drugs formerly controlled by Germany, and thus have declared their independence of German chemicals. 2. Judging from the evidence at hand, we can feel assured that the quality of American synthetics will be second to none."

Personals and News Items.

Dr. and Mrs. Paul Jones, of Blue Ball, visited in Little Rock this month.

Dr. J. C. Poindexter has moved from Imboden to Conway.

Dr. W. M. Owens has moved from Oneida to Jones, La.

Dr. C. C. Kirk and family, of Little Rock, have returned from a visit in the East.

Dr. and Mrs. Stanley Gates, of Monticello, visited in Little Rock last month.

Dr. E. Meek, of Little Rock, has returned from a visit in Chicago.

Dr. and Mrs. George S. Brown and their son, of Conway, motored to Little Rock and Hot Springs this month.

Dr. E. B. Swindler, of Stuttgart, and Dr. Davis Goldstein, of Fort Smith, visited in Little Rock last month.

Dr. Robert Caldwell, of Little Rock, recently attended the surgical clinics of Chicago and Rochester.

Dr. Thomas Douglass, of Ozark, has returned from the East, where he has been attending the post-graduate hospitals.

The annual meeting of the Southern Medical Association will be held November 10-13, 1919, at Asheville, N. C., "America's Beauty Spot."

Dr. O. E. Jones, of Newport, has fully recovered from a recent operation for appendicitis, and with his wife is now visiting in Corpus Christi, Tex.

If you do not like this Journal, it is your own fault. Help make it better. Send in your ideas, and anything else that is of interest to doctors.

The Red Cross will need more money to meet the greater demand for relief next year. For this reason an appeal for funds will be made next fall to coincide with the anniversary of the armistice, so that the American people can show in a practical manner their thanksgiving for the deliverance from the horrors which less fortunate people were unable to escape.

For his services in establishing and maintaining a Red Cross relief station at Kavadar, Serbia, Captain R. M. Blakeley, a doctor from Coal Hill, Ark., has been decorated by Prince Alexander with the "Order of Saint Sava."

Captain Blakeley, who served in France during the war, was sent to Serbia by the Red Cross for medical work, principally the suppression of a threatened typhus epidemic. With the aid of four American nurses he opened a large relief station at Kavadar last February. People came from miles around for medical care and the little dispensary became so famous that patients even came from northern Serbia to have the benefit of the American doctor's care.

Dr. Charles E. Cantrell, of Greenville, Tex., at the present time a trustee and for many years prominently and continuously connected with the State Medical Association of Texas and Arkansas, has accepted a position with the United States Public Health Service, with headquarters at Corpus Christi, Tex. Technically he is an assistant surgeon, but in fact he is the principal surgeon for the big hospital at Corpus Christi and at the same time is intimately connected with the organization of the War Risk Bureau.

An address delivered by Dr. J. D. Southard, of Fort Smith, before the Arkansas Medical Society at Little Rock on May 21, 1919, and published in the August issue of this Journal, on the subject of "The Prevention, Control and Cure of Tuberculosis," is being distributed as a government document in pamphlet form. Senator Robert L. Owens, of Oklahoma, who has a bill pending in Congress for an appropriation for the control of tuberculosis, was so impressed with Dr. Southard's plan that he has had it published by the government printing office and is now having it distributed broadcast. Dr. Southard proposed federal jurisdiction of the tubercular question, and his recommendations and suggestions have been highly complimented by medical authorities.

In addition to those mentioned in previous issues of The Journal, the following Arkansas physicians have recently received their honorable discharges from the Medical Corps, United States Army, from service in this country and abroad, and have resumed their practice in their respective homes: O. J. T. Johnston, Batesville; H. B. Huffman, Bentonville; R. M. Hunter, Clinton; H. S. Watson, Earl; E. E. Poyner, Green Forest; J. C. Simpson, Hamburg; B. F. Jungkind, Beebe; R. F. Parks, Bonanza; P. E. Thomas, Clarendon; B. C. Hiner, Evansville; W. G. Eberle, Fort Smith; H. E. Longino, Magnolia; A. S. Chapman, Mammoth Spring; J. S. Moore, Arkadelphia; H. Scott, Bauxite; H. L. Raines, Bay; N. L. Barker, Harrison; G. G. McKellar, Hartford; W. R. Felts, Judsonia; H. S. Drummond, J. Wright, Russellville; J. B. Wells, Scott; H. M. Smiley, Texarkana; G. W. Eubanks, Wabash; J. M. Clark, Gould; F. Jarrell, Huttig; W. A. Winter, Widener; O. Barksdale, Bassett; H. W. Browning, P. V. Wagley, A. C. Watson, W. K. Gray, G. M.

Holmes, R. P. Sheets and W. D. Rose, Little Rock.

NURSING SCHOOLS OPENED IN BUFFALO.

A post-graduate course for public health nurses is to be given in Buffalo for sixteen weeks beginning September 29, under the auspices of the Buffalo University, the Buffalo Chapter of the American Red Cross, the Department of Health, the District Nursing Association, and the Department of Hospitals and Dispensaries.

An excellent teaching staff has been secured. A certificate will be given to all students satisfactorily completing the course, which will cost \$25.00. The class will be limited to thirty, and applicants must be registered in New York State or states having equivalent standards. Application blanks will be supplied by the University of Buffalo, College of Arts and Sciences, Niagara Square, Buffalo, N. Y.

AMERICAN PUBLIC HEALTH ASSOCIATION TO MEET IN NEW ORLEANS.

The next annual meeting of the American Public Health Association is to be held at New Orleans, La., October 27-30, inclusive. The central themes of discussion will be Southern health problems, including malaria, typhoid fever, hookworm, soil pollution and the privy, etc.

In view of the possibility of a recurrence of influenza next winter, a full session will be devoted to this subject for the purpose of developing methods of control.

A special effort has been made to arrange the program to meet the practical needs of health officials. Accordingly, there will be discussion on such questions as the attitude of legislators toward public health, the obtaining of appropriations, coöperation from women's clubs and health organizations, and the organization of health centers.

The programs of the sections will, as usual, deal with public health administration, vital statistics, sanitary engineering, laboratory methods, industrial hygiene, sociology, and food and drugs.

Two special programs will also be presented on various phases of child hygiene and personal hygiene.

The program of the meetings will be published in the American Journal of Public Health appearing October 5, or may at that time be had upon application to the secretary, 169 Massachusetts Avenue, Boston, Mass.

Winter railroad rates to New Orleans will be in effect from all points after October 1.—Public Health Reports, August 22, 1919.

FOURTEENTH ANNUAL MEETING OF
THE MEDICAL ASSOCIATION OF
THE SOUTHWEST TO BE HELD
AT OKLAHOMA CITY,
OCTOBER 6, 7, 8.

The fourteenth annual meeting of the Medical Association of the Southwest will be held at Oklahoma City on October 6, 7 and 8, and is to be largely a greeting to the medical officers members who have been in active service.

Monday afternoon and evening the meeting will be simply a gathering of these officers, at which time it is expected some form of an association will be made and officers elected and plans made for an annual meeting to be held each year in connection with the regular meeting of the association.

Tuesday and Wednesday forenoons the profession of Oklahoma City will entertain the visiting doctors with clinics in all the hospitals and in many of the larger offices. In this way every branch of medicine can be demonstrated and it is thought that the meeting can be made unusually interesting in this manner.

Well-known physicians both within and without the association will be present to take part in the discussions.

A special rate of one and one-third the regular fare for the round trip will be granted by the railroads. Tickets should be purchased one way when leaving home and a receipt or certificate taken for the fare and this will be validated at the meeting, and when properly signed will entitle the holder to a return ticket at one-third the regular fare.

Headquarters will be at the Lee Huckins Hotel, which has entertained the association before. Reservations should be made early to ensure accommodations.

It is expected that this will be by far the largest and most enthusiastic meeting that the association has ever held and it is hoped that every one who can possibly do so will turn out to give the glad hand to the medical officers who have returned to civil life.

There is still room for a few additional papers on the program, and anyone desiring to present a paper should send his name and the title of his paper at once to the secretary, Dr. F. H. Clark, El Reno, Okla.

New and Nonofficial Remedies.

B. COLI (Special Bacterial Vaccine No. 12).—A colon bacillus vaccine (see New and Nonofficial Remedies, 1919, p. 283), marketed in 10-cc. vials, each cubic centimeter containing 5,000 million killed bacillus coli. Fred I. Lackenbach, San Francisco.

GONOCOCCUS BACTERIN (Special Bacterial Vaccine No. 9).—A gonococcus vaccine (see New and Nonofficial Remedies, 1919, p. 285), marketed in 10-cc. vials, each cubic centimeter containing 1,000 million killed gonococcus. Fred I. Lackenbach, San Francisco.

TYPHOID BACTERIN (Special Bacterial Vaccine No. 17).—A typhoid vaccine (see New and Nonofficial Remedies, 1919, p. 292), marketed in 10-cc. vials, each cubic centimeter containing 1,000 million killed *B. typhosus*. Fred I. Lackenbach, San Francisco.

STREPTOCOCCUS BACTERIN (Special Bacterial Vaccine No. 10).—A streptococcus vaccine (see New and Nonofficial Remedies, 1919, p. 291), marketed in 10-cc. vials, each cubic centimeter containing 1,000 million killed streptococcus. Fred I. Lackenbach, San Francisco.

WHOOPING COUGH BACTERIN (Special Bacterial Vaccine No. 14).—A pertussis bacillus vaccine (see New and Nonofficial Remedies, 1919, p. 287), marketed in 10-cc. vials, each cubic centimeter containing 2,000 million killed *B. pertussis*. Fred I. Lackenbach, San Francisco.

STAPH-ACNE BACTERIN (Special Bacterial Vaccine No. 6).—A mixed bacterial vaccine (see New and Nonofficial Remedies, 1919, p. 296), marketed in 10-cc. vials, each cubic centimeter containing 500 million killed staphylococcus albus, 500 million killed staphylococcus aureus, and 50 million killed bacillus acne. Fred I. Lackenbach, San Francisco.

TYPHOID-PARATYPHOID BACTERIN (Special Bacterial Vaccine No. 13).—A typhoid vaccine (see New and Nonofficial Remedies, 1919, p. 292), marketed in 10-cc. vials, each cubic

centimeter containing 1,000 million killed *B. typhosus*, 750 million killed *B. paratyphosus* "A," and 750 million killed *B. paratyphosus* "B." Fred I. Laekenbaeh, San Francisco.

DESICCATED CORPUS LUTEUM (Hollister-Wilson).—The fresh substance from the corpora lutea of the hog, dried, freed from fat, and powdered. It contains no diluent or preservative. For a discussion of ovary preparations, see *New and Nonofficial Remedies*, 1919, p. 202. The dose is from 0.03 to 0.12 gm. ($\frac{1}{2}$ to 2 grains). Hollister-Wilson Laboratories, Chicago.

STAPHYLOCOCCUS BACTERIN (Special Bacterial Vaccine No. 1).—A staphylococcus vaccine (see *New and Nonofficial Remedies*, 1919, p. 289), marketed in 10-cc. vials, each cubic centimeter containing 2,000 million killed staphylococcus albus, 2,000 million killed staphylococcus aureus, and 1,000 million killed staphylococcus citreus. Fred I. Laekenbaeh, San Francisco.

TETANUS ANTITOXIN—FOR HUMAN USE; PURIFIED, CONCENTRATED (Globulin).—A concentrated tetanus antitoxin (see *New and Nonofficial Remedies*, 1919, p. 266), marketed in syringes containing 1,500 and 5,000 units; in ampules containing 10,000 units, with apparatus for injection. Eli Lilly & Co., Indianapolis, Ind. (*Journal A. M. A.*, August 30, 1919, p. 691).

OVARIAN SUBSTANCE (Hollister-Wilson).—The entire fresh ovary (including the corpora lutea) of the hog, cleaned, freed from fat, dried and powdered. It contains no diluent or preservative. For a discussion of the actions and uses of ovary preparations, see *New and Nonofficial Remedies*, 1919, p. 202. The dose is from 0.06 to 0.02 gm. (1 to 3 grains). The Hollister-Wilson Laboratories, Chicago.

BARBITAL SODIUM (Abbott).—A brand of barbitol sodium which complies with the *New and Nonofficial Remedies* standards. Barbitol sodium is the soluble sodium salt of barbitol (veronal). Barbitol sodium was first introduced as veronal sodium and medinal. For a discussion of the actions, uses and dosage of barbitol sodium, see *New and Nonofficial Remedies*, 1919, p. 83. The Abbott Laboratories, Chicago.

SODIUM DIOXIDE, DENTAL (R. and H).—A brand of sodium peroxide complying with the

New and Nonofficial Remedies standards, but containing at least 90 per cent of sodium peroxide, and iron not to exceed 0.006 per cent. For a discussion of the actions and uses of sodium peroxide, see *New and Nonofficial Remedies*, 1919, p. 216. Roessler and Hasslaeher Chemical Co., New York (*Journal A. M. A.*, August 23, 1919, p. 607).

Propaganda for Reform.

RESTORIA.—"Restoria for Bad Blood" is sold by the Restoria Chemical Company, of Kansas City, Mo. It is sold as a sure cure for syphilis, but is also recommended for rheumatism, kidney trouble, lumbago, eczema, and catarrh. The A. M. A. Chemical Laboratory reports that Restoria contains no mercury or arsenic, but does contain iodid, probably as potassium iodid, equivalent to 1.693 gm. per hundred cc. It also was found to contain much vegetable extractive, some alkaloidal drug, and a bitter oil or oleoresin (*Journal A. M. A.*, August 9, 1919, p. 438).

BROMIDE AND ACETANILID COMPOUND.—The period of acceptance having expired for Granular Effervescent Bromide and Acetanilid Compound (Mulford), the Council on Pharmacy and Chemistry directed its omission from *New and Nonofficial Remedies* because an examination of the available evidence demonstrated that mixtures of this kind are inimical to rational medicine and the public. The use of mixtures of bromide and acetanilid in fixed proportions is irrational and prone to induce their indiscriminate use by the public—and this despite the perfectly frank declaration of the composition of this mixture by the manufacturer (*Rep. Coun. Pharm. Chem.*, 1918, p. 58).

POLLEN ANTIGEN.—Pollen antigen (Lederle) is a pollen extract which represents the pollen of plants blooming in spring and in fall. The Council on Pharmacy and Chemistry declared these preparations inadmissible to *New and Nonofficial Remedies* because there appeared no warrant for complex pollen preparations representing both spring and fall pollens. In consideration of the essentially experimental status of the use of pollen preparations for the prevention and treatment of "hay fever," such products should be as simple as possible. Hence, pollen protein preparations prepared from the pollen of two or more species of

plants are accepted for New and Nonofficial Remedies only if there is evidence that the given combination is rational (Rep. Coun. Pharm. Chem., 1918, p. 65).

S. S. S.—The State of Louisiana has a law prohibiting the sale of venereal disease remedies, except on the written prescription of a licensed physician. In May of this year, the Bureau of Venereal Diseases of the Louisiana State Board of Health notified the druggists of Louisiana that the sale of "S. S. S." ("Swift's Syphilitic Specific," or "Swift's Sure Specific") would meet with the same law enforcement measures as were being waged against any venereal disease nostrum. The result of this notice was a letter sent to various drug stores of Louisiana by the sales manager of the Swift Specific Company declaring that "S. S. S." is not recommended or advertised as a venereal medicine. A few years ago "S. S. S." was boldly heralded in newspaper advertisements as a "cure" for syphilis (Journal A. M. A., August 30, 1919, p. 707).

CINCHOPHEN: FORMERLY ATOPHAN.—The Chemical Foundation, Inc., which has purchased some 4,500 German-owned patents, many of them for synthetic drugs, proposes to continue the wise policy of the Federal Trade Commission by requiring that those who receive licenses for the use of patents for synthetic drugs must use a common designation for each drug selected by the foundation. Cinchophen has been selected as the designation for the substance introduced as atophan (also described in the U. S. Pharmacopia under "phenyleinchoninic acid"). In consideration of this action on the part of the Chemical Foundation, and also because physicians found it difficult to use the pharmacopial name phenyleinchoninic acid, the Council on Pharmacy and Chemistry has recognized the contracted term cinchophen as the name for the drug introduced as atophan (Journal A. M. A., August 9, 1919, p. 427).

THE USES OF YEAST.—Yeast is one of those remedies that has undergone alternating cycles of use and of disuse; just at present it appears again to be in its ascendancy. Recently, renewed attention has been called to its laxative qualities. The much debated question whether yeast can be used as a food, can be answered in the affirmative. However, in view of its laxative action, the amount of yeast which can

be ingested is limited. Also, owing to its high nuclein content, it is contraindicated in gout. As a source of water soluble growth promoting as well as antineuritic vitamin, yeast has become thoroughly established. However, as common foods contain this vitamin, there is little likelihood of its proving of therapeutic value, since it promotes growth only when stunting is due to lack of vitamins. Yeast has been used as an application in acne, for infected wounds, and in leukorrhea. Recently the curative value of the oral administration of yeast in various cutaneous disorders has been reasserted (Journal A. M. A., August 23, 1919, p. 628).

THE COUNCIL ON PHARMACY AND CHEMISTRY.—The profession should recognize that the most important factor in the clearing up of the advertising pages of medical journals has been the Council on Pharmacy and Chemistry of the American Medical Association. The Council has been criticised both by the manufacturer and the profession, but it has gone on doing the work for which it was created. Sometimes the practitioner feels that his clinical experience justifies the use of a preparation which the Council has not found reason to accept. While apparent clinical results may be misinterpreted, the carefully conducted examinations of the Council are likely to be definite and dependable. We are becoming more and more convinced of the unreliability of reports of clinical use by physicians. Practitioners should avail themselves of the Council's investigations by frequent reference to the reports of the Council. If they would keep on hand a copy of New and Nonofficial Remedies for ready reference and prescribe only of the new preparations those that have been accepted by the Council, they would aid materially in the establishment of a scientific and reliable therapeutics (Journal Kansas Medical Society, August, 1919, p. 193).

ARSENOVEN S. S. AND SOLUTION OF ARSENIC AND MERCURY NOT ACCEPTED.—The Council on Pharmacy and Chemistry reports that Arsenoven S. S., sold by the S. S. Products Co., Philadelphia, and Solution of Arsenic and Mercury (formerly called Arseno-Meth-Hyd), of the New York Intravenous Laboratory, New York, are inadmissible to New and Nonofficial Remedies because unwarranted therapeutic claims are made for them, and because

the names are not descriptive of the composition of these preparations. Arsenoven S. S. is claimed to contain dimethylarsenin 15.4 grains, mercury biniodid 1/10 grain, sodium iodid $\frac{1}{2}$ grain. Dimethylarsenin is asserted to be similar to sodium cacodylate, but with a more pronounced therapeutic action. Solution of Arsenic and Mercury comes in three dosages, 2 gm., 1.5 gm., and 0.7 gm., respectively. The 2-gm. form is claimed to contain 2 gm. (31 grains) of sodium dimethylarsenate (cacodylate), U. S. P., and mercury iodid 5 gm. (1/12 grain) in 5 cc. of solution. Both preparations are advised for the treatment of syphilis, intravenously. The report of the Council reminds physicians that cacodylates have been found inefficient as spirocheticides and warns against the abuses—often dangerous—to which patients are frequently subjected when “intravenous therapy” is employed (Journal A. M. A., August 2, 1919, p. 353).

HOLADIN AND BILE SALT MIXTURES.—The period of acceptance having expired, the Council on Pharmacy and Chemistry decided to omit the following mixtures for New and Nonofficial Remedies: Holadin and Bile Salts—Fairchild, Capsules of Bile Salts, Succinate of Soda and Phenolphthalein—Fairchild, Capsules of Holadin, Bile Salts and Phenolphthalein—Fairchild, Capsules of Holadin, Succinate of Soda and Bile Salts—Fairchild. The Council holds that these mixtures are superfluous and that the several substances of which they are composed should be used singly, or at most with greater attention to the individual requirements of the patient than is possible when these fixed mixtures are prescribed. Despite that these mixtures have been in use for more than nine years, there is no satisfactory evidence that they possess any advantage over the simple laxatives, or the preparations of bile or pancreatic extract. The dismissal of the holadin and bile salt mixtures does not involve the question of the usefulness of holadin or of bile salts alone. On the contrary, the possible usefulness of these preparations is admitted and they are retained in New and Nonofficial Remedies. It is the combination of holadin, bile salts, sodium succinate and phenolphthalein to which objection is made by the Council (Rep. Coun. Pharm. Chem., 1918, p. 59).

CAPELL'S UROLUETIC TEST.—A “Doctor” H. F. Matthews, representing the Capell Lab-

oratory, Omaha, is demonstrating an asserted new test for syphilis—Capell's Uroluetic Test. J. O. Cobb, M. D., senior surgeon in charge U. S. Marine Hospital, Chicago, writes that in a demonstration of the test (which is to be applied to the urine of patients), “Doctor” Matthews was given the same specimen of urine in four different containers, and he read a different degree of reaction for each of them. Capell's Laboratory is apparently conducted by Dr. W. L. Capell. Some years ago Dr. Capell was connected with a concern known as “Acneine Pharmacal Company.” In 1917 W. L. Capell was connected with Capell, Cameron Co., Inc., which was selling “Capell's Uroluetic Test,” “Capell's Treatment for Syphilis,” and other remedies. The treatment for syphilis (mercurodin) is sold by Capell's Laboratory. It also sells Acneine, which apparently is the same product that was sold in 1906 under the name “Sambu-Co” by the Holtman-Stringer Co., of Omaha. While the Capell Laboratory still sells proprietaries, it appears to be featuring the “Uroluetic Test” at the present time. The test would be important if it was reliable; unfortunately its scientific value to the sufferer is negligible, compared with its economic value to the exploiter. It is not so much a test for syphilis in the patient as of credulity in the doctor (Journal A. M. A., August 23, 1919, p. 626).

HORMOTONE AND HORMOTONE WITHOUT POST-PITUITARY.—The Council on Pharmacy and Chemistry reports that Hormotone of the G. W. Carnrick Company is advertised as “a pluriglandular tonic for asthenic conditions.” The same firm also advertises Hormotone Without Post-Pituitary for use “in neurasthenic conditions associated with high blood pressure.” These preparations are sold in the form of tablets for oral administration. Each tablet of Hormotone is said to contain 1/10 grain desiccated thyroid and 1/20 grain of entire pituitary together with the hormones of the ovary and testes—the amounts and the form in which the latter are supposed to be present are not given. From this it is seen that the only definite information given the medical profession regarding the composition of Hormotone is that it is a weak thyroid and a still weaker pituitary preparation. Hormotone Without Post-Pituitary is said to contain in each tablet 1/10 grain desiccated thyroid, and to “prevent” “hormone-bearing extracts of thyroid, anterior pituitary, ovary, and testes.” The Council declared these prepara-

tions inadmissible to New and Nonofficial Remedies, because (1) their composition is semisecret; (2) the therapeutic claims are unwarranted; (3) they are sold under names not descriptive of their composition, but suggestive of their indiscriminate use as "tonics;" (4) in the light of our present knowledge the routine administration of pluriglandular mixtures is irrational (Journal A. M. A., August 16, 1919, p. 549).

Obituary.

DR. LEMUEL EDWIN WILLIS.—Dr. Lemuel Edwin Willis, of Newport, died August 16, 1919. Age 57. He is survived by his wife.

DR. HUGH LINCOLN ROUTH.—Born February 4, 1844, at Fayetteville, Washington County, Arkansas, and died January 21, 1919, while on a visit to Otsego, Mich.

At the age of seventeen he joined the Confederate Army, First Arkansas Cavalry, and served in Stermann's battalion. After the war he read medicine. In 1885 he graduated from Vanderbilt University at Nashville, Tenn. In 1868 he settled at the old historic town of Carrollton, Ark., where, in 1869, he was married to Miss Alice Helen McCaulie, of Tennessee. Three children were born to this union—Mrs. W. H. Lewis, Dr. Charles M. Routh and George Crump Routh, the latter dying at the age of two years.

Dr. Routh moved to Harrison, Ark., in 1872 and practiced medicine for a great many years, for a while being in partnership with Dr. L. Kirby. Later on Dr. Routh moved to Cane Hill, Ark., where he enjoyed an extensive practice for several years.

After educating his children at Cane Hill and the university at Fayetteville, he moved back to Harrison, and then to Batesville, Ark., a small railroad town near Harrison, which town he practically built.

Mrs. Routh died in 1912 and Dr. Routh, four years later, married Mrs. Laura Locklin, of Michigan, who survives him. He was always prominent in the affairs of his profession and in the order of Masonry. He was a member of the Presbyterian Church. He was visiting in Michigan when the sudden summons came which called him to his great re-

ward. His remains were brought back to Harrison, where the funeral was held at the Presbyterian Church on Sunday, January 26, 1919. At the cemetery the Masons and Knights Templar took charge of the services and laid him away for his last long sleep.

Dr. Routh was ethical, affable, industrious, a noted after-dinner speaker, rode horseback over a very rough country, and never said no to the poor. Dr. Routh believed in his political party, but believed more in his country, and tried by all fair means to enlist as a surgeon in the World War. Too old? A man who never deserted his friends. A member of Boone County and Arkansas Medical Societies.—L. Kirby.

County Societies.

FRANKLIN COUNTY.

(Reported by Thos. Douglass, Secretary.)

The Franklin County Medical Society met August 12, Dr. Williams presiding. Also present: Drs. Crocker, King, Porter, J. P. Blakely, Blackburn and Douglass.

Captain King, recently of the U. S. Army, our one representative overseas in the late war, was present and on invitation related some of his experiences as a member of the Medical Corps. On the way over he was separated from his company at Camp Romney and detailed to accompany a detachment of forty-four nurses across the channel. He describes his trip across to France as princely. You can easily imagine it. His account of methods of treatment and hospital work in the army were all quite interesting. We are quite proud of him.

The society held its regular meeting again September 9, Dr. Williams again presiding. Present: Drs. Davis Neissl, Porter, T. B. Blakely, Sandelin, King and Douglass. Dr. W. M. Neissl, of Charleston, was elected to membership. Dr. T. S. Sandelin, of Coal Hill, was elected at the previous meeting. Dr. King read a good paper on typhoid as it occurred around Branch during the summer.

The suggestion of increasing the doctor's fees was fully discussed and a committee was appointed to prepare a revised fee bill and report at the next meeting.

The next meeting will be held at Branch, October 14 (second Tuesday). Doctors of adjoining counties convenient to this place are invited. We expect a good meeting. The society and visitors will be guests of the Branch doctors.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Secretary.)

The Lawrence County Medical Society held its regular monthly meeting at Hoxie, Wednesday, August 6, 1919, in the office of Dr. Bentley.

The members that had been put on for papers did not come, but the papers were taken up anyway and discussed, one of them being the feeding of infants up to eighteen months of age, and the problems confronting us now in tiding these little ones over the hot weather. It is a very noticeable fact, both to the laity and the physicians themselves, that the death rate now is almost nil as compared with a few years ago, among these little ones. The people are becoming educated up to the fact that to change the baby's diet is too important a thing to do without first consulting the family physician. They are also rapidly learning not to feed the babies solid food during the first twelve months of life, nor to put them on cow's milk during this period. The intense heat is not only hard on them, but our sanitary conditions are at their worst at this period; but most of the mothers have learned that it does not pay to allow the pesky house fly to play with the babies, nor anything pertaining to them, and the quicker the mothers of the country learn to protect their little ones from this most dreaded pest and stop feeding them food that is too heavy for them, the less will be the death rate among our little ones. Every one should know that a baby should not have the same food that grown people eat, until they are five years of age.

The following were present: W. J. Robinson, C. C. Ball, T. C. Guthrie, W. W. Hatcher, J. C. Land, H. R. McCarroll, J. W. Morris, J. H. Stidham, G. A. Warren, and Dr. Woods of the State Board of Health force.

Book Reviews.

PRINCIPLES AND PRACTICE OF OBSTETRICS.—By Joseph B. Delee, A. M., M. D. Professor of Obstetrics, at the Northwestern University Medical School. Third edition, thoroughly revised. Large octavo of 1089 pages, with 949 illustrations, 187 of them in

colors. Published by W. B. Saunders Company, Philadelphia, 1918. Cloth, \$8.50 net.

After critically reviewing every chapter of the author's former edition, we find many subjects are amplified. They are mainly of a practical nature—obstetric anesthesia and analgesia, perineorrhaphy. Cesarean section, especially the newer methods and the treatment of contracted pelvis. In the treatment of eclampsia, more prominence is given the conservative methods. Since the value of the rectal examination is now better known it was necessary to expand the chapter on the conduct of labor with this procedure in view.

THE MEDICAL CLINICS OF NORTH AMERICA.—United States Army number. Volume II, Number 2. September, 1918. Published bimonthly by W. B. Saunders Company, Philadelphia. Price, per year, \$10.00.

This volume is the first attempt to publish a large collection of clinical material from the base hospitals in block and in bulk.

Major Goodman gives the results of the examination of 23,943 drafted men by the cardio-vascular board at Camp Jackson.

Major Hamburger and Major Fox present a study of the epidemics of pneumococcus infections, and streptococcus infections, and measles at Camp Zachary Taylor, autumn 1917 to summer 1918.

Twenty or more interesting cases are given.

THE SURGICAL CLINICS OF CHICAGO.—Volume III, Number 1. February, 1919. Octavo of 236 pages, with seventy-five illustrations. Published bimonthly by W. B. Saunders Company, Philadelphia, 1919. Price, per year: Paper, \$10.00; cloth, \$14.00.

Among the interesting and instructive articles in this number we wish to mention the clinical lecture by Dr. Victor D. Lespinasse, Chicago, on "Blood Transfusion." Summary as follows: Difficulty encountered in blood transfusion; methods employed to obviate clotting of blood; indications for transfusion; class of cases met with in army work; methods of testing blood technique of the Moss test; selection of donor; the ideal one; methods of direct transfusion; use of iridio-platinum tubes; paraffined cylinders; indirect transfusion; cylinder citrate method; citrate method; apparatus necessary; disadvantages; reactions following transfusion; transmission of disease; comments.

THE PRACTICAL MEDICINE SERIES.—Volume I. GENERAL MEDICINE. Edited by Frank Billings, M. D., assisted by B. O. Raulston, M. D., and Bernard Fantus, M. D. Series 1919. Published by The Year Book

Publishers, Chicago. Price of this volume, \$2.50. Price of the series of eight volumes, \$10.00.

This book is complete to date on the subject of general medicine. In referring to acute arthritis, the author says that the probability of producing a cure or improvement by the removal of a supposed focus in the teeth or tonsils is greater than in cases in the chronic stage. It is unreasonable to suppose that a restoration of function can be brought about in joints in which extensive pathologic changes have taken place. One very suggestive fact brought out in this investigation has been the marked improvement in the general health of the patients when diseased conditions of the teeth and tonsils have been properly treated. It often seems as if a millstone has been removed from their necks. This is noted very commonly even when no change is apparent in the condition of the joint.

The author says, in commenting on this subject, that the failure of improvement in many patients suffering from progressive arthritis after the removal of the real etiologic focus of infection is due to the failure of the physician to apply the proper management, which is necessary to get rid of the infectious micro-organisms which have invaded the joint tissues. This can be done by measures which improve the vital resistance of the body tissues; general and individual hygiene, good food, hydrotherapy, and the like. At the same time, function must be improved and, if possible, restored by active and passive exercise, the application of curative manual work, etc. Irreparable morbid anatomic changes are often overlooked at the very onset of treatment, and it is folly to expect recovery of patients of this class by the removal of etiologic focus.

SEX AND SEX WORSHIP (Phallic Worship).—A scientific treatise on sex, its nature and function and its influence on art, science, architecture and religion, with special reference to sex worship and symbolism. By O. A. Wall, M. D., Ph. G., Ph. M., St. Louis. Three hundred and seventy-two illustrations. Published by C. V. Mosby Company, St. Louis, Mo., 1919. Price, \$7.50.

The facts gathered about Phallic religion led the author to doubt whether this was ever a religion from all other religions apart. It appeared to him to be merely a phase in the evolution of all religions. Nor was it a real worship of the generative organs, but rather a use of representations of the phallus and yoni

as symbols for certain religious ideas which were embodied in nature worship.

Dr. Wall's book seeks to trace the influence of the mystery of sex on the human mind, and especially the influence of sex on the development or evolution of the religious feeling and sentiment, which is so intimately involved in man's effort to explain the origin and destiny of our own existence.

In closing, the author says: "Dogmas, creeds and observances are fading away; but spiritual life, morality, love for our fellow-men, are growing.

"Woman's empire, holier, more refined,
Moulds, moves and sways the fallen, yet God-breathed mind.
Lifting the earth-crushed heart to hope and heaven."

In this sense, therefore, nature worship may be considered as a revealed religion implanted in the very nature of mankind by the Almighty and Mysterious Power that men call "God"; a religion which led man from his primitive mental state, step by step, to better religious thoughts, until finally all that is coarse will be eliminated from our faiths, and all men will worship

"One God,
As a Spirit, in Spirit and in Truth."

RED CROSS FACTS.

Red Cross photographers have made exclusive pictures, motion and still, of the interior of the Rheims cathedral, special courtesies being extended to them by the church authorities. The famous cathedral is now closed to all visitors.

Sewing materials, soap and talcum powder are among the scarcest articles in Siberia. Recently the Red Cross authorized immediate shipment to Siberia of 250,000 undergarments, valued at \$230,000, and baby supplies costing \$107,437. The underwear, which is designed to prevent the spread of typhus during the coming winter, is made of unbleached muslin, that material lending itself more readily to frequent sterilization.

An appropriation of \$50,000 worth of supplies and \$7,143 in cash to aid in the relief of the thousands of victims of the recent earthquake in the Mugello district, near Florence, Italy, was made by the American Red Cross.

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Original Articles.

THE PREVENTION OF VENEREAL DISEASE AS A PUBLIC ECONOMICAL PROBLEM.*

J. T. Clegg, M. D.,
Siloam Springs.

I admit that until I became interested in venereal diseases from a public health standpoint, I did not realize the gravity of the subject or its importance as a social or a state economical question. I have heard lectures and have written many essays on gonorrhea and its results. I have attended many clinics and have seen many of the multo-manifestations of syphilis, but I have seldom heard either disease discussed except from a pathological and therapeutical point of view.

The guardians of society have never made the condition public. It has always been the asp hidden in the basket of fruit that has stung its oftentimes beautiful victim to death; and many times the sting has been worse than death.

Summing up the cost of all epidemics by infectious diseases, not including tuberculosis, to humanity in money or material value, it does not equal the cost of venereal diseases.

Summing up the evils and all the disastrous results of alcohol and all narcotic drugs, they do not equal the evils and disastrous results of venereal diseases. The cost to society in money, manpower, anxiety, pain, race suicide and death is absolutely incalculable. I think it is safe to assert that there are five million or more victims of venereal disease in the United States today.

I have not been able to ascertain the total of the vast number of blind made blind by gonorrheal infection. It is estimated that 50 per cent of all women who undergo abdominal

operations that render them sexless and childless the remainder of their lives are victims of gonorrhea. These women are not only made sexless and childless, but in my observation they are nervous wrecks the remainder of their miserable existence.

Let us slur over the effects of acute gonorrhea and leave it to your imagination to draw your own picture of a man or woman in the acute stage of the disease—you have seen many cases and can describe it better than I—and pass to more remote effects that render the individual a tax to the state, a burden to society, and a curse to himself. It is pitiful to observe the victim of an incurable stricture as he slowly, painfully, but surely waddles down the path to death of chronic uremia and exhaustion. Then there is the poor old man going the same road with a chronic gonorrheal prostate gland.

Gonorrheal arthritis alone has left many a man and woman with stiff joints which render them unfit to tote the burdens of citizenship or scale the walls of adversity.

If gonorrhea has proved so great a cost to humanity, to society, and to the commonwealth, what should be said of syphilis? It would be tiresome and boresome to attempt to even enumerate a small number of the remote effects of syphilis. Again you must draw your own picture. Artists as you are, you will paint the picture of the shriveled, sniffling, sore, puny, and feeble-minded baby. The old man shuffling through life with locomotor ataxia. The pathetic delusions of the paralytic insane. The untimely abortions of women and the hundred other conditions that authors have filled volumes discussing. Can you estimate in money value the cost to society or to the state of either one of these conditions?

If, then, venereal disease is such a vast and important economic problem, why should not the veil of prudery be removed from its dis-

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

eussion and the subject brought from its hiding and discussed as any other evil? If the public were taxed one-tenth of the amount in money that venereal disease actually costs, it would not for a moment submit to it. Moralists have talked about it in whispers. Many newspapers will not permit the subject mentioned in their columns. Heads of institutions who have care of some of its victims will sometimes withhold information concerning it. It may be a disease of vice, but the vicious are not always the sufferers. You have seen women as pure as ever kissed a rose lose the organs that made them women, and deprived them forever of feeling the impulse of a living being beneath a bosom. While vice is hideous in any form, disease coupled with it adds to its hideousness. Vice, perhaps, is here to stay; disease can be abolished. The prevention of venereal diseases is a problem not yet solved, but not insoluble. It must be divested of its privacy. It must be discussed in the open. We know the destructiveness of the disease; we estimate its cost to the individual, to society, to the state, and to the race.

Our profession makes us sympathetic with the afflicted. Our humanity is delighted to see people well and happy. Our citizenship is rejoiced to know our country is peaceable, prosperous and healthy. So long as preventable disease is not prevented, none of these conditions will obtain. It may be yet the dream of the poet will be realized—

No longer prostitution's venom'd bane
Poisoned the springs of happiness and life;
Woman and man, in confidence and love,
Equal and free, and pure, together tread
The mountain paths of virtue which no more
Were stained with blood from many a pilgrim's feet.

DISCUSSION.

Dr. Cargile (Bentonville): This is a good paper on a very important subject. I wish to say that the remedy lies in getting our congressmen and our senators and the heads of the governmental departments to think that the welfare of the human race is of more importance than the care of hogs and cattle. Whenever they are brought to a realization of the stubborn fact that venereal diseases are a public menace, they will listen to reason. When the people who elected them ask for prophylactic protection, they turn us down. Let us keep after them in such a persistent manner that they cannot ignore us. They spend vast sums on hog culture; but it matters not how many people have syphilis, gonorrhea or tuberculosis. They do not heed our appeals in behalf of unprotected and long-suffering humanity.

Dr. A. G. Harrison (Searcy): My observation and experience have taught me that syphilis does more harm than tuberculosis. It was a long time before I could realize this, but when I was confronted with the startling effects of syphilis and gonorrhea I was

convinced. If the public could be aroused to a proper sense of the risks to society and its widespread ramifications, it would be a comparatively easy thing to stamp it out of the community.

I was G. U. officer of the Debarkation Hospital No. 51 for several weeks, and in that time I gave two hundred prophylactic treatments. Out of the two hundred we had one case of gonorrhea. That man had been exposed Saturday night and came to us Monday morning. They usually come immediately or within three or four hours. Our technic was simply this: Take a thorough bath with green soap—or any other kind of soap—and water, irrigating the genitals, scrotum and pubes; after which we gave an injection of 2 per cent argyrol. After that 40 per cent calomel solution, thoroughly washing the penis, the glands, scrotum and surrounding parts. I submit that only one case of gonorrhea out of two hundred exposures is a very good average indeed. I want to say, too, that those boys were exposed to very great danger. They had been down with the colored women on the wharf—the very lowest type of negroes—where they satisfied themselves for the measly sum of 50 cents or one dollar.

CLINICAL LESSONS FROM 343 CASES OF INFLUENZA AND 49 CASES OF PNEUMONIA.*

By Geo. S. Brown, M. D., F. A. C. S.,
Conway.

It may be said of the recent pandemic of influenza that it is an acute infectious disease, is characterized by its wide distribution, great prostration, high mortality. That it is a mixed infection there appears to be little doubt, conforming to the dominance of influenza bacillus, pneumococcus and streptococcus. The exact cause is not known at this time, probably due to some organism or agent yet unknown. Dr. W. G. MacCallum, contract surgeon, U. S. Army, Baltimore, reports that no satisfactory evidence has been brought forward to show that the epidemic disease influenza is a bacterial infection.

It attacks its victims suddenly; often without premonitory signs; it overwhelms the patient with a severe toxemia and accompanying pneumonia, or gradually subsides. Complications during the height of the epidemic, with exception of pneumonia, were rare. The malignant form of influenza has in large majority of cases been associated with pneumonia, occurring on second to fifth day. There were, no doubt, many atypical cases of pneumonia unrecognized, and thought an attack of influenza. Symptoms: Incubation period was short, usually one to three days; earliest symptoms in my cases were chilliness or chill,

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

fever, complain of headache, pain in the back, neck and all over the body, lasting two or three days, weakness and loss of appetite. We did not get the well-known acute coryza, sneezing only in about 15 per cent of cases. Soreness in throat and chest; some cases were very drowsy and desired to sleep; in others insomnia was complained of; face flushed; epistaxis was present in twenty cases, in two was so free required tamponing the nares. In six cases blood ran from the mouth and coagulated on cloth under the head.

Influenza complicating pregnancy, prognosis is good providing there is no pulmonic complication. Those suffering complication of pneumonia are desperately ill; a very large per cent die early in the attack. Three of my cases, pregnant, had influenzal pneumonia; two died. Many hospitals and Major J. C. Geiger report 75 to 100 per cent mortality. The temperature rose rapidly—100 to 106.8 degrees; ordinary cases, 102 to 104; remained elevated for three or four days, and then fell. Pulse appeared to be relatively slow as compared to temperature; cough is often a distressing symptom, followed by blood expectoration, at times almost pure blood expectorated, at others a bloody fluid would be coughed up. In most cases of epidemic influenzal pneumonia the classic signs of pneumonia were not present; loss of voice was common symptom. All ages are subject to the disease; my youngest patient, a baby, one month old. Oldest was a man 72. Greatest number 6 to 30.

Cyanosis was an interesting and prominent symptom in a number of cases, blueness of the face, finger nails and whole body; extreme toxemia and acidosis is probably the cause. It is a bad sign. Convalescence is slow; do not recover their strength for ten to twenty days, may be two or three months after getting up.

The most characteristic signs appear about second day: (1) a toxic appearance; (2) tongue coated and peculiar odor about the patient; (3) congestion of mucus membrane of mouth, naso-pharynx, gums bleed easily, breath foul; (4) highest temperature recorded in my cases was 106.8—this patient died on the fourth day; (5) pulse slow; (6) some bronchitis; (7) urine less than normal, high colored and 25 per cent contained albumen, hyaline and granula casts found in four cases. (8) One case of endocarditis in young girl;

mitral. (9) One case of insanity, man 34; recovered in about three months. (10) Adenitis of cervical lymph glands in seven cases. (11) Parotiditis in five cases. Suppuration in one case. (12) Gastrointestinal type was present in twenty-three cases. Foul odor from the mouth in all of these cases. Vomiting prominent symptom. The vomitus was of an acid reaction, occasionally bloodstained, and consisted of greenish or yellowish fluid. (13) Twelve patients developed otitis media, suppuration occurred in three. Alopecia following influenzal pneumonia was present in five cases. It was a thinning or loss of hair; did not form bald areas. The menses are apt to appear at an unusual time and more free than usual.

QUARANTINE. — Patients with influenza should be quarantined from members of the family and public. An incident which will serve to demonstrate the value of proper quarantine occurred at the Arkansas Tuberculosis Sanatorium, Booneville, Ark. In an effort to prevent the spread of the disease to the 146 patients, a strict quarantine was put on. No one was allowed nearer than front gate. There was no personal contact with anyone on outside. This is the only institution that escaped this terrible disease, to our knowledge. We congratulate Dr. Stewart, superintendent, on his success in putting on and maintaining a germ-tight quarantine and preventing so serious disease in tubercular patients. The evidence tends to prove that immunity to influenza can be acquired by having an attack of the disease, and that the duration of the immunity is from three to four months. Seven of my cases had second attack in three or four months.

My records show more than 350 cases, and 49 cases complicated with pneumonia, giving a mortality of six cases. Five cases were atypical lobar pneumonia, 44 bronchopneumonia.

Dr. Roccavilla of Italy regards it as significant that only twelve cases of influenza developed among 1,500 malarial patients deeply under the influence of quinin. The disease was very mild in those affected. He accepts this as testifying to a more or less protective action from quinin.—New York Medical Journal.

Betti relates that among the 1,100 malarial soldiers taking quinin treatment at the malarial hospital on Lake Como, only five con-

tracted influenza and they had it in a mild form.

TREATMENT.—The first and most important thing one can do is to put the patient to bed and keep him there for five or six days after fever fails, in a warm but well-ventilated room. Otherwise complications will develop. I first cleanse the intestinal tract with calomel and a saline purge. For the relief of pain, cough, fever, insomnia, and other distressing symptoms during first two or three days of the disease, I give phenacetine or aspirin, codeine, Dover's powder, morphia in small doses in extreme cases. I give all patients strychnin, frequently repeated. Stimulative treatment consists chiefly of digitalis, strophanthus, caffeine, atropia and alcohol. Quinin seems to exert a great inhibitory influence upon the infective agents of influenza and is indicated during the disease and convalescence, which it hastens. The daily use of quinin, I believe, is a prophylactic and curative agent. Acidosis in this severe infection is counteracted by the use of bicarbonate soda, citrate potash and a saline daily.

Nutrition is an important factor. Must be given with due consideration, for the presence of a toxic nephritis is frequently seen. Nourishment should be given every three hours and consist of milk, malted milk, broths, custards, rice, milk toast, and ice cream. Few days later a free and more nutritious diet is allowed.

Vaccine and serum treatment being in experimental stage, I have not used them, being content with symptomatic treatment along classical lines. Dr. C. L. Dana, chairman of committee from New York Medical Society, in New York Medical Journal, reports: "The etiology of the disease being still unknown, the use of vaccines must still be regarded as being in the experimental stage, though considerable success has apparently been achieved in this direction, clinically. Also, the clinical success by the use of convalescent serum reported by many should be mentioned."

PERSONAL EXPERIENCE IN EPIDEMIC INFLUENZA.*

By H. N. Street, M. D.,
Lonoke.

It is my purpose to adhere strictly to my subject and discuss this disease as I encountered it at the bedside.

I look upon true influenza, as it prevailed in the late epidemic during the fall and winter of 1918-19, as the worst epidemic form of any disease I have encountered during thirty years' experience.

When the disease first began to prevail in our section, I supposed it to be as represented in the text-books, but no book I have ever read has properly or correctly described the disease as I saw it in the late epidemic.

I have never seen any disease that in any way approaches the symptomatology of influenza, except yellow fever, *plus* the bronchial element.

If hybrid germ could be produced by a union of the specific cause of yellow fever and measles, I see no reason why it should not produce influenza. This doubtless may sound silly to many of you who have never seen yellow fever, also at this day and time; but who knows as yet that such a union does take place producing a separate disease characterized by the more pronounced symptoms of each?

PATHOLOGY.—I shall not attempt to say more under this than to call attention to the capillary stasis, more particularly of the skin and mucous surfaces, since I had no opportunity to study it by autopsy.

SYMPTOMATOLOGY.—The disease is characterized by three periods or stages. First, period of onset: The patient may be in usual health and suddenly seized with a chill that is prolonged and severe, while some only have rigors—some escape even a rigor; this generally marks the type of severe or mild. The temperature rises in proportion to the chill, ranging from 99.5 to 106 degrees F. Pain is a constant attendant symptom characterized by severe occipital headache and backache, while mild cases only have general malaise. Pharyngitis frequently accompanied by laryngitis is present in majority of cases. Bronchitis with a harassing cough soon develops and is usually last to depart. This period, as a rule, lasts seventy-two to ninety hours and is succeeded by second stage, that of "Calm." In this state the temperature declines, the pains and aches all disappear, and the patients express their condition as "feeling fine," "all right," "oh, I am well now."

During this stage a peculiar, indescribable odor is noticeable in 90 per cent or all cases. It is a very faint, a little sour and musty; yes, words fail to really describe it; but once

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

observed, never forgotten. This is the danger period—not what will develop in the way of symptoms or condition, but it is in this stage that you cannot impress upon your patient that care and quietude as a “*sine qui non*,” for any indiscretion in diet or exercise largely influences the condition of the succeeding stage. The period of calm lasts from twenty-four to forty-eight hours, as a rule, but I have seen some cases who escaped the third stage entirely.

Third stage, or secondary onset: Some few cases have a second chill, but, as a rule, the chill tightens, the temperature reascends with recurrence of more or less pain; not infrequently this is when you will observe some complication if you are to have one. This stage continues, as a rule, four to eight days, with about six as an average where no complication prolongs it. About this time of the secondary onset I have noticed a large per cent of cases complain of a pain over the region of the spleen; during this period you will generally observe an increase in the outline of the liver and spleen. I have often wished that I could see the liver of one who died of this disease, that I might see if what is called the “box wood liver” condition existed, as in yellow fever. Another characteristic of this stage and the stage of calm is the progressive decline in the pulse rate out of correlation to the temperature. This is quite a distinctive feature of yellow fever also. It has a valuable lesson in it, for, if not observed and its warning heeded, disaster is swift and sure. So long as it continues, exercise or ingestion of heavy diet is hazardous.

COMPLICATIONS.—The ugliest I encountered was disobedience to your orders. The reason is that for some unaccountable reason you cannot convince many that they are or have been seriously ill and care is golden. From the hyperemic condition of the nerve centers they have an unnatural exhilaration, and in consequence feel better than their real condition warrants. In this way they desire and insist on being up too soon, and eat indiscreetly. Many insist on these in stage of calm, but are more troublesome in latter part of third stage when convalescence begins. In my judgment, this is the most perilous period, for final recovery depends largely on what you can keep your patient *from* doing. They hold their life in their own hands. My rule for allowing them even to sit up or take light

diet was when the temperature became *normal* for three days. A *normal* temperature has a double meaning—that covers the fact that usually after the subsidence of the febrile state there is a subnormal temperature which may last some days. If they observe the rule, by the time the temperature is *normal* the heart muscle has regained its tone and the nervous equilibrium is also restored. Prevention is better than cure. Failure to observe this rule is the cause of what I consider the ugliest complication of all in this disease, and that is myocarditis. When you see a re-establishment of the correlation of pulse and temperature, you may well fear the correct relation to be severed and a progressively rapid heart action develop. Then a venous stasis in one or both lungs: don't fool yourself; it is not likely a pneumonic condition in its truest sense, but, instead, a result of failure of the right side of the heart. True, pneumonia as found in my cases was observed with an ordinary pulse both in rate and quality. Other complications that I observed were pneumonia, capillary bronchitis, gastritis, acute dementia, otitis media, asthma, epistaxis, pleural effusion, empyema, pregnancy and conjunctivitis.

I had but one case of effusion, relieved by aspiration, and one of empyema which was drained by resecting rib, done under local anesthesia. Both recovered. Epistaxis gave the family much concern, but I saw no harmful results; but it occurs in about 2 per cent of cases. I consider asthma a very serious complication on account of probable pre-existing cardiac dilatation. Pregnancy is most dangerous in the first three months, and then only if abortion ensues. I had several to miscarry from seven to eight and one-half months' duration without any apparent ill effects to mother or child. Acute dementia is interesting and largely preventable, if not entirely so. I had four cases and all recovered.

TREATMENT.—Of first importance and above all other, is absolute and unqualified rest in bed in the prone position until the temperature is *normal*. This should also cover the important element of noise; talking within hearing of patient should be forbidden. The room should be well ventilated without any bright light; order a bed pan and see that it is used. I consider absolute quietude an essential. It lessens complications.

CONTROL SYMPTOMS.—This indicates opiates and antipyretics. I found that those who had a hypo of morphia and atropia did better than those who did not. As a routine I gave a combination of quinin, codein and phenacetin every three, four or six hours as required to control temperature and produce comfort. Proper sponging to reduce temperature above 102.5 F.; sedative cough mixture and cleansing gargle of some mild antiseptic with liquid diet about fulfills the indications in the absence of some special disturbance or complication. I would not advise the use of mercury; I prefer to open bowels daily by enema or some saline. My idea is to support and conserve the strength, thereby reinforcing in readiness for any emergency. See that the patient sleeps plenty, and, if not, use veronal in five to seven and one-half grains; but do not use it in empyema, for it is dangerous in any pus case. In conjunctivitis I find a valuable agent is 5 to 10 per cent solution argyrol instilled in each eye every four to six hours. Some think the eye is the point of invasion, and advise this solution as a preventive measure. In my opinion, this disease requires support and will not brook any form of depressant.

Before closing, I wish to offer a suggestion as to the prevention of the disease by the intravenous injection of quinin dehydrid, given twice a week in 5- to 8-grain doses. I also wish to commend the use of this valuable agent in cases of acute dementia following influenza in conjunction with tonics, enforced rest and sleep.

I have been very frank in expressing my observations, and will appreciate having any erroneous impressions corrected.

SPANISH INFLUENZA.*

By S. J. McGraw, M. D.,
El Dorado.

The epidemic of Spanish influenza which struck the country about September last, and for several months spread sickness and death throughout the land, has had no parallel of its kind. It claimed alike the high and the low, the rich and the poor, the stout and the weak. If there were any who possessed any favor whatever, it was the very young and the

very old, for in either extreme of life there seemed to be some degree of immunity.

The pathology of Spanish influenza is not very well known. Pfeifer's bacillus is not accepted with the same clear-cut reliance as the tubercle or typhoid bacillus. But this we do know, that the disease is highly infectious, conveyed most likely by the bronchial and nasal secretions.

The type of influenza during the recent epidemic did not follow very closely the ordinary type with which we are confronted each winter. To the writer it seemed to run a course more uniform, more pronounced, with more complications and a much higher death rate. Whether this was due to any difference in pathology or to its epidemic character has not been determined.

The disease presented itself in about three fairly distinct types—the bronchial or respiratory, nervous, and febrile; with not a few cases in which gastrointestinal symptoms predominated, with few, if any, other symptoms. This condition sometimes existed alone and sometimes as a complication of one of the other types. Whether or not one attack conveys any degree of immunity is a question; but during the entire epidemic, the writer does not recall a single instance of a second attack which might not, in all probability, have been a recrudescence of a previous attack. We do believe that one attack conveyed at least temporary immunity, otherwise the epidemic never would have ended.

The onset of the disease was usually sudden. The patient complained of a feeling of malaria, aching of the head and limbs, soreness, sometimes nausea and a degree of prostration that seemed out of proportion to the severity of the symptoms. The temperature rose rapidly, ranging from 101 to 104 degrees, and in cases of the bronchial type, cough developed early. The pulmonary findings in this type of cases, other than a bronchitis, were negative, unless complications arose. They ran a fairly uniform course and terminated in from four to six days, the patient making a good recovery.

The prevailing symptom of the febrile type was the fever itself with few other symptoms. There was but little pain, the patient being fairly comfortable and requiring but little treatment other than light diet and rest in bed. The complications occurring during or following an attack of this type were few.

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The nervous type of the disease was very formidable; apparently no part of the nervous system escaped its ravages. In addition to the fever, there was headache, restlessness, insomnia, delirium not infrequent, neuralgia, neuritis, partial paralysis and acute mania; the writer has witnessed all the conditions mentioned, while the literature reports cases of paralysis, hemiplegia, myelitis and encephalitis; the writer has not yet seen a case of the so-called sleeping sickness. Cases of this type of influenza were often long drawn out, and in some, no doubt, the injury to the affected portion of the nervous system was permanent; fortunately, however, the great majority of cases were milder manifestations and in the course of a week or more were convalescing, but they regained their former strength very slowly. This, however, seemed to be characteristic of the disease.

The complications which arose during and following an attack of influenza were many and severe. Bronchopneumonia was the most common and most fatal; it developed at any time during an attack, sometimes at the beginning; more often its presence was made known by an exacerbation of symptoms about the third or fourth day. In others who had progressed fairly well, but did not improve after due time, a careful examination revealed its presence and explained why improvement had not taken place. In many cases, no doubt, it was overlooked entirely. I do not know how often pneumonia occurred as a complication, but in thinking back over my own cases I should say once in every six.

Bronchitis was a frequent complication and was present more or less in all cases of the respiratory type. Its severity depended upon the severity of the disease or its complications. In some cases it was persistent after the other symptoms had disappeared, not a few of these patients coughing up a frothy, bloody secretion, sometimes almost pure blood. What was back of this is a question. It may have been tubercular; some of the cases treated by the writer have since developed active tuberculosis.

Gastroenteritis occurred in a small percentage of cases, sometimes as a complication and sometimes as the leading trouble; in either case the treatment was practically the same. Some of these cases developed swelling of the feet and limbs, with very painful joints. Examination of the urine revealed nothing of interest in the writer's cases, but they were shown in recovery.

Meningitis was a rare complication, but did occur. The writer observed it in the first days of an attack, but more often it occurred late in the course of the disease and was the terminal factor in those cases coming under my own observation.

Otitis media was common, especially among children, and was very annoying.

Insomnia was frequent and often persistent.

Endocarditis was observed in quite a few cases and was of grave significance. The heart did not seem to withstand the influenza bacillus or its toxins very well, and the injury done in many instances was more or less permanent. Some of these cases have not yet regained a normal pulse rate.

All manner of nervous phenomena was observed. They ran the whole course from migraine to mania, and treatment was not very satisfactory.

As for tuberculosis, we are just now beginning to see what a bountiful harvest the epidemic left us. The influenza bacillus was very much at home in preparing seedbeds for the great white plague.

We now have many cases of active tuberculosis which before the epidemic were latent or did not exist. In either case we have them on our hands and their proper diagnosis and management, while it may yet be time, is one of our greatest responsibilities.

Back in history, not so many years past, Davy Crockett said, "Be sure you are right, and then go ahead." That man spoke well, so very well that the world has seen fit to preserve that saying as worth while; but when we apply it to our present-day methods of diagnosing tuberculosis, it comes late.

Up to the present, the medical profession as a whole has been reluctant in pronouncing a case tubercular until the germ could be demonstrated in the sputum; then almost half the patient's chance of recovery is gone, for the tubercle bacillus is not present in the sputum until there is an actual breaking down of lung tissue and the case is moderately advanced.

The stethoscope and the microscope will give us good information concerning our tubercular patients, after it is too late; so we must take these time-honored and trustworthy instruments in advance and devise some means of making a reasonably sure diagnosis of early tuberculosis.

Perhaps one of the first symptoms to attract attention is loss of weight, or, in children, failure to gain weight. This alone should call for thorough examination and history. Another symptom worth mentioning is rapid pulse rate. This may be found in other conditions, but when taken in its proper relation with other symptoms, is worth much. The temperature is one of the best and most reliable indications of early tuberculosis; it may be constantly subnormal or subnormal in the morning with slight rise in the afternoon.

Of all the tubercular tests used, Von Pirquet's is, perhaps, the simplest and reliable as any. They all seem to be losing out. It may be of some assistance in making a positive diagnosis, but is not worth much when negative. One thing we must bear in mind when we come to deal with tuberculosis, and that is "absence of proof is not proof of absence."

In two of the writer's cases, hemorrhage was the first thing to attract attention. Watch your patients who have not recovered well from influenza. Are they losing in weight? Or have they materially lost weight and are not gaining? Does their pulse rate equal or exceed one hundred while at rest? Is their temperature constantly subnormal, or subnormal in the morning with a slight rise in the afternoon. These symptoms obtaining, if they cannot otherwise be accounted for, can scarcely mean but one thing.

In regard to the treatment of influenza there is no specific, and in the main is symptomatic. Quiet in bed, light diet, and good elimination in the beginning of an attack gave the best results in the writer's cases. Patients who persisted in staying up and fighting the disease usually came down later, ran a longer course and had more complications. But, as often happened, entire families were sick and no help could be obtained. These the doctor had to handle the best he could and not as he would have liked.

The vaccine treatment is at least scientific and the writer believes he has gotten good results from it during the epidemic and before.

The drugs which seem best for the relief of influenza were phenacetin, caffeine, aspirin, strychnin, codein, heroin, ammonium chloride, potassium iodid, calomel and oil. The writer early abandoned the use of quinin, but since there is no specific for influenza, no doubt

each physician used the drugs with which he was most familiar.

So much for influenza. There is no disease to which humanity is heir that is followed by such debility, prostration, frequent and dangerous complications.

PATHOLOGY OF INFLUENZA PNEUMONIA.*

By D. C. Lee, M. D.,
Little Rock.

The term influenza pneumonia may be misleading, as some authors claim that influenza in itself does not produce a true pneumonia; but the object of this paper is not to deny or verify the above statement, but rather to discuss the changes produced in the body by this disease which has recently been prevalent in pandemic form.

The material which forms the basis for this paper was collected by the writer in the U. S. Red Cross Military Hospital No. 4, Liverpool, England, and is based on the clinical and laboratory findings of 1,131 influenza and pneumonia cases, of which 168 came to a fatal termination, and 166 were autopsied.

ETIOLOGY.—The etiology of this disease has not been definitely proven, but the following organisms have been found by workers both in this country and abroad, namely: A short gram negative bacillus (thought to be the bacillus of Pfeiffer), pneumococcus, streptococcus, staphylococcus, and a few workers have reported finding the meningococcus.

The following bacteriological table was worked out by the writer and Captain Glenn of the British Army, pathologist for the University of Liverpool, and consists of material taken from cases in all stages of the infection, and post-mortem specimens.

From this table it will be seen that the pneumococcus and streptococcus were more prevalent than the influenza-like bacillus, and I wish to especially call your attention to the findings in the lung cultures. We note here three cases showing influenza-like bacillus alone and five showing influenza and pneumococci, making a total of eight out of twenty cases examined, or 40 per cent showing influenza bacillus. We found that the bacteriology varied with the age of the consolidated area examined. For instance, the three cases

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in which we had pure cultures of influenza were from areas in which the consolidation had only recently occurred and was still of a bright red color, while as the consolidated area grew older and became a dirty red, and later grey hepatization, influenza bacillus disappeared; and here we found the pneumococcus alone or associated with the streptococcus, which was usually of the hemolytic variety. In exudates found as complications

half times as long, with numerous smaller areas of consolidation scattered through the other lobes. On section these consolidated areas were without exception in the stage of red hepatization. The bronchi were usually clean or contained a small amount of fibrin. Fifty-four or thirty-two per cent of autopsies were of this type.

(2) *Bronchopneumonia of a Pseudo-Lobar Distribution Without Complication.*—These

	No. Cultures	Negative	Positive	Influenza Alone	Influenza and Pneumococci	Pneumococci Alone	Pneumococci and Streptococci	Streptococci Alone
1. Blood cultures	30	19	11	0	0	8	1	2
2. Spinal fluid	14	10	4	0	0	2	0	2
3. Sputum cultures in advanced pneumonia.....	16	0	15	0	8	6	1	0
4. Empyema exudate	17	0	17	0	0	6	7	4
5. Pericardial exudate	18	0	7	0	0	2	3	2
6. Cultures from lungs, post-mortem.....	20	0	20	3	5	4	8	0

of the pneumonia, the hemolytic streptococcus was always found to play a prominent part in the infection.

PATHOLOGICAL CLASSIFICATION OF POST-MORTEM FINDINGS IN THE LUNGS.—Classification of these cases from a pathological standpoint is rather difficult, for the reason that it seemed to be a question of the severity of the toxicity of the infection and of the individual's power of resistance rather than any set pathological changes found in the internal organs; but it seemed, however, from the above considerations that the case can be arranged into three broad groups, namely:

- (1) Bronchopneumonia of a lobular distribution without complications.
- (2) Bronchopneumonia of a pseudo-lobar distribution without complications.
- (3) Bronchopneumonia of a pseudo-lobar distribution with complications.

(1) *Bronchopneumonia of a Lobular Distribution.*—These were the cases dying from two to three days after onset of the disease, and showed all the clinical manifestation of being overwhelmed with the toxins from which they were not able to react. Pathologically, the lungs presented the following picture: Usually both lower lobes showed an area of consolidation situated posteriorly and usually in about the center, about the width of three or four fingers and about one and one-

cases came to autopsy from five to eight days from onset of disease. The clinical picture was that of typical bronchopneumonia with clinical signs of a large amount of consolidation in the lung tissue. At autopsy the usual findings were one or both lower lobes consolidated, and occasionally one or both upper lobe and middle lobe were almost completely consolidated; but where one lobe was found completely consolidated, in every instance small patches of typical lobular consolidations were found in some of the other lobes. On section, the usual picture in the consolidated lobe was, first, evidence that different parts of the one lobe became consolidated at different times, as one area would show grey hepatization, another red and grey hepatization mixed, another an early red. These cases usually showed a large amount of pus in the bronchi. Thirty-eight or twenty-five per cent of cases were of this type.

(3) *Bronchopneumonia of a Pseudo-Lobar Distribution With Complication.*—These cases came to autopsy from five to twenty days from onset of disease, and from clinical picture it seemed that the complication was the responsible factor in the cause of death in most instances. At autopsy the lung picture was the same as in No. 2, plus complications. The complications in order of the most frequency are as follows:

- (a) Acute fibrinous pleurisy.
- (b) Acute fibrinous pleurisy with effusion.
- (c) Empyema.
- (d) Lung abscess.
- (e) Pericarditis with effusion.
- (f) Pericarditis purulent.
- (g) General peritonitis.
- (h) Meningitis.
- (i) Parotitis.
- (j) Mastoiditis.

This class comprises seventy-four cases, or 43 per cent of this series, showing the largest per cent of the three types.

THE EFFECT ON THE INTERNAL ORGANS.—The heart usually showed a myocarditis, the right side being dilated in most instances; this was especially true of classes two and three. The spleen, kidneys and liver were usually in a state of acute hyperemia, and I especially wish to call your attention to fifteen cases showing a marked jaundice at time of death. These cases showed a condition of their liver markedly resembling acute yellow atrophy; cultures from five of these showed hemolytic streptococcus in the liver substance.

The spleen also deserves special mention. Out of the entire 166 autopsies, at least 90 per cent showed changes in the spleen, 50 per cent were acutely congested, enlarged, very soft and friable; 5 per cent gave the appearance of macerated tissue and on section dripped with a purulent exudate. Cultures from ten cases showed positive in eight. Bacterial findings were as follows: Pneumococci alone, 3; pneumococci and streptococcus hemolyticus in association, 2; streptococcus hemolyticus alone, 3.

THE BRAIN, SPINAL CHORD AND ACCESSORY SINUSES.—A complete post-mortem, including the above organs, was made in fifteen instances. Four of these cases showed an acute fibrinous cortico-encephalitis, having a fibrinous exudate covering the entire brain from 10 to 25 m.m. in thickness. The spinal fluid was markedly increased, purulent in character, and two gave a pure culture of pneumococci type one, and two a pure culture of streptococcus hemolyticus; the latter two cases developed following mastoiditis.

Six cases of this series developed general peritonitis from which the streptococcus was isolated from each.

Eighteen cases developed purulent pericarditis. Seven more cultured; all showed streptococcus, either alone or associated with pneumococcus.

HISTOLOGICAL EXAMINATION OF SLIDES.—Only a limited number of histological slides of the consolidated lung tissue were examined; those that were showed no variation from the ordinary changes found in pneumonia.

CLINICAL BLOOD PICTURE.—The clinical blood picture of each class, the average leucocyte count in all cases were from 15,000 to 45,000, with the exception of a few of the fatal cases of the lobular type, in which a leucopenia was present.

TREATMENT.—Elimination, stimulation when needed, morphia for the relief of pain, the treating of special symptoms when the occasion arose, constituted our treatment of these cases. Also an autogenous vaccine composed of influenza bacilli, streptococci and pneumococci prepared by Captain Glenn and the writer was tried and discontinued, as no additional benefit was noticed in cases treated with it. Later we tried a method of passive immunization by taking the blood serum of cases convalescent from the disease and administering it intravenously to early cases. Our results with this mode of treatment were encouraging, but our series of cases was too small to draw any definite conclusion; however, Drs. McGuire and Redden, at the U. S. Naval Base Hospital at Chelsea, England, working along this line, report very good results in a large series of cases.

SUMMARY.

1. It is suggested from the above findings that the influenza-like bacillus was probably the exciting factor for the onset of the disease with power of producing a mild bronchopneumonia in which the pneumococcus and streptococcus hemolyticus later found a fertile field for development, and became responsible for the severity of the infection.

2. The consolidation of the lung tissue was a distinct type in itself, having some of the features of true bronchopneumonia as seen in children following measles and in senility, also having some of the characteristics of true lobar pneumonia. Clinically, these cases resemble true bronchopneumonia, were as the consolidation of lung tissue in 68 per cent of the fatal cases, resemble lobar pneumonia.

DISCUSSION.

Dr. J. T. Clegg (Siloam Springs): I regard these papers as the most important that have ever been, or ever will be, presented to this society. I do not feel competent to discuss these papers from any scientific point of view. I will state, however, that the influenza, as we have had it this fall and winter, is not a new disease. With the exception of the laboratory observations that have been made in the last few years, and during the present epidemic, and while the laboratory work has developed many facts and truths, they have not yet found the cause or the treatment of this plague. One of the best clinical descriptions of this disease that I have in my library was written 118 years ago. It describes the epidemic almost as well as the best of our papers describe it today in our medical journals and in our societies. While there are a great many things that haven't been found out, and a great many observations that have not been made that will be of value, there are many other things to be learned. What the cause of this epidemic is, we all agree that we do not know. Somebody will find out. We all have opinions, perhaps different ones. It may be a coccus; it may be a bacillus; it may be a heretofore undiscovered protozoon, something like malarial infection; but it has as yet escaped our laboratory findings. I don't want to take up any more time. There are other men who want to talk on this subject.

Dr. A. G. Henderson (Imboden): I was very much impressed by the papers. I like the classification of Dr. Brown and I like the classification of Dr. Street. One is chronological, and the other is clinical. It is very fine indeed.

I want to make this observation, that it is a meningeal infection. All of the train of symptoms indicate an infection of the meninges, the severity of the pain, paralysis of the vaso-motor nerves, exudation. All of those indicate a meningeal infection more than anything else.

In our town, like with Dr. Cargile, our mortality was very slight. On the 25th of September we had three cases, the first cases that came to our town.

I treated 510 cases—thirty-eight of those developed pneumonia; eight died. Now, in those cases where bronchopneumonia developed, it was a confluent, suffocating bronchopneumonia. The patient actually was drowned in his own bronchopulmonic secretions. That corresponds with the pathology given by the young man who read the last paper, Dr. Lee. In that form, in which death occurs that way, it is to the bronchial tree what cholera is to the digestive tract, and what confluent smallpox is to the skin.

Much has been said about the etiology, but we don't know yet. We are learning a great deal, and yet we are making small progress. I hope to see the time when we shall be able to control an epidemic of this sort. Out of about one thousand cases in our community, I don't suppose, from the best I can gather from the other two physicians, that we had over sixteen deaths.

The treatment, of course, varies a great deal, and I shall not take your time to go over that.

Dr. T. J. Wood (Little Rock): There are a good many mysteries that occur in this life, some of which we can solve, and others we cannot. Now, I think I have an insoluble mystery, and that is why the honorable president called upon me to make some remarks.

I have had very little experience in treating this disease, in a general way. I went into a better business just about the time this influenza broke out. Instead of trying to cure people, I went into the business of trying to keep people from getting sick.

Chairman: That's why we wanted to hear from you, doctor.

Dr. Wood: I have been very much interested in the papers that have been read. Taken altogether, I think it makes such a perfect symposium that perhaps nothing further will be desired to explain everything that is known at present concerning this great, this dreadful plague that visited us during the last twelve months. I was especially interested in this feature which is called the "sleeping disease." I know that recently it seems to be puzzling the medical profession of this state—in fact, all over the country—that feature which is called the "sleeping disease." I believe the conclusion is generally that it is simply a complication of the influenza. But, it was such a new feature that a great many people thought that perhaps it might be a distinct disease; not a complication from the influenza, but a new disease developed.

Unfortunately for me, I had more experience in cases of that sort than any other. My wife took sick in middle Tennessee with influenza, followed by this so-called "sleeping sickness." I was not present. She had been sick for about three weeks before I saw her. They went to Nashville, and had employed one of the most eminent specialists. He visited her, made a spinal puncture, and had the fluid examined by an expert; also made a blood test for malaria; everything negative. So they had been treating her for about three weeks, several prominent medical gentlemen. When I came, they graciously withdrew and turned the case over to me. They proffered their services at any time that I might need them. The physicians, it seems, were afraid to give anything to control the pain. This case suffered great pain when aroused, and, after partial recovery, she told me that during all these periods of stupor, when she was too stupefied to make any complaint, so stupefied that she remained perfectly still when they thought that she was resting, she was suffering just the same as she did when she was aroused. They were afraid to give a narcotic; so, when I came into the case, I said, "Well, I am just going to doctor her in the old Arkansas style." So, I went to work and gave her calomel and quinin. That's about all we country doctors in Arkansas know about. So, I went to pouring in the calomel and quinin, giving the morphin to make her easy. She began to improve. I make this statement, for a great deal more has been said about the pathology and complications than about the treatment. Of course, the most important matter today is, after all, the treatment. It is not a matter as to how we may differ as to the pathology, bacteriology, etiology and the histology, and all those things. All this should aid or converge and concentrate into the idea of treatment. Now, in the treatment of these cases, I think that the good old Arkansas style is the best that I know anything about.

Now, it is a fact, which was overlooked by these friends of mine over in Tennessee, that they were incredulous about any malarial elements in the system. I asked them if they found any malarial elements, and they said they had not. They didn't have malaria there, in that kind of case, which, no doubt, perhaps is true. But, it seems to me that they have overlooked the idea that malaria is a portable affair, that a person can carry malaria in the system for months, and carry it east or west, or in any other direction. It does not matter how free that locality may be from malaria, this person that carries that malaria there, it may develop. So, I think, in the treatment of this disease, according to the experience that I have had, that the anti-malarial treatment is the very best treatment that I know anything about. Permit me to make the statement that the treatment for bilious

remittent fever, I believe, in an offhand way, is the best treatment that can be given for this disease. That is, begin at once, and not wait four or five days, after the period of calm has been passed and complications set up, when it is rather too late to do anything.

I think this is a most important symposium, and I certainly hope that the medical profession in Arkansas will be greatly benefited by it.

Dr. C. W. Dixon (Douglas): I live way down in the backwoods of Lincoln County. During our epidemic of influenza last fall, I had quite a lot of territory to cover. I didn't keep any record of the number of cases or the different types, so I can't give you those. But the number of cases covered such territory that I would make one-half of the country one day and the other half the next; I couldn't make both ends the same day, even with the assistance of my Ford.

Now, a few ideas occurred to me while listening to the papers discussed. One is the use of quinin, as my predecessor says. The keynote in my experience in this disease is elimination. With proper elimination we can obviate the toxemia and the sequela or the complications. One item, then, is immunity from recurrence of the attack. My observation has been that the recurrence of the attack is due to a lack of thorough treatment at the time that the patient is attacked; that is, free elimination and the follow-up during convalescence.

The subject of tuberculosis was mentioned. I have seen that following influenza. My experience has been that, from observation of these cases, this is due to a reopening of a previous healed tubercular condition.

The doctor mentions "sleeping sickness." I had one case of that in a child of eight. The symptoms of "sleeping sickness" came on within three or four weeks after influenza. This is due to the toxemia, from the effect on the central nervous system. This child was very excited. The least movement would precipitate a crying spell, and there was nervousness of that type. The case was up in ten days.

One subject that no one has mentioned in regard to treatment is the one of the vaccines or serums. I have used that vaccine as a preventative. In every individual that I have used it, I have gotten very good results. The old type of vaccine. Now, that is especially good, in my experience, in the prevention of bronchopneumonia.

I called on one family of eight. Every member of the family was stricken with influenza. Two boys, twelve and fourteen, had cyanosis; very heavy, dark, deep yellow sputum. I gave these youngsters the full therapeutic dose of this vaccine. The next day when I called, they met me at the front door. The complexion was clear and rosy, the temperature was going down, and the lung complication was greatly reduced. One factor there is, that, if your vaccine is pushed too far, you get a fatal termination.

Dr. L. T. Evans (Mount Pleasant): I don't agree with some of these men on the floor in regard to the treatment of influenza. The first thing that I have them do is to go to bed. I put them to bed and I give them a little castor oil. I don't purge them freely, because I believe that in influenza we must use a supportive treatment and keep the patient quiet; and, don't give them too much purgative, and don't try to follow the rule that the doctor spoke of to us in regard to giving them quinin, and the regular treatment for bilious fever, I believe he called it. I believe that is a dangerous rule to follow, and I think supportive procedure is the treatment for influenza. Keep them in bed three or four days after the fever

leaves, and I believe you will get better results by giving the supportive treatment and not purging too freely. (Applause.)

Dr. D. C. Walt (Little Rock): The constant cry of the world in feeding people is for a rich or nutritious food that is easily digested. For other animals it is bulky, light food with heavy material to effect. The other animals drain from the point of requirement; people drain from the point of necessity. I practiced medicine for twenty-five years in the Arkansas swamps, and, like Dr. Dixon, was forced to recognize the value of proper drainage and have found the same relative value in it in my eleven years of practice in Little Rock.

When a man is drunk, we recognize it as intoxication. Other abnormal conditions express intoxication and it varies in its form owing to the conditions. We are taught more to classify symptoms than to individualize the various influences that produce symptoms. Thirty years ago authorities were teaching large doses of quinin in malaria and failing to recognize the associated auto-intoxication which made it possible for the quinin to kill the patient. The most important feature in all disease must be the condition of the individual. If influenza, pneumonia, or any other acute invasion of the body could kill the patient independent of his condition, the mortality would be greater than it is. To say a man needs food when he has influenza simply because he is weak, is to leave out the proper consideration of the poison that is intoxicating his sympathetic nerve force. An excessive amount of carbon increases the toxic value of all decomposed products of animal and vegetable matter that the chemist has analyzed for us, whether it is in the three- or four-atom group, unless there is some special reason why. Usually five atoms of carbon and one of nitrogen in the CH_5NO units are toxic. It is carbon in the gas main, in the damp of a well, in strychnin or the venom of a snake, as well as the food we eat, plus infection, that destroys life. When the patient is forced to take nourishment, hoping to increase his strength, who is already intoxicated to the point of weakness, it is often the straw that breaks the camel's back. Medicine and food should be measured to meet the requirements of the conditions. I have seen such bad results follow feeding in the early days of an acute invasion, but I don't know any circumstances under which I might be placed that would force me to feed a patient what we term nutritious diet until we had gotten rid of a certain amount of auto-intoxication.

Dr. Brown (in response): I don't think that I will make any statement, except that a demonstration was made on one hundred able-bodied men. They took the germs of a mixed vaccine—bacillus influenza, staphylococci, streptococci and pneumococci—and sprayed it through the nose and down the throat for a number of days, and put it in the food and drink, and not one took the disease.

I just want to call your attention to one thing in regard to the prophylaxis, and that is the report of Dr. G. W. McCoy, Dr. V. B. Murray and Dr. A. L. Teeter, on influenza. They used a mixed vaccine on 390 cases vaccinated, and 390 cases not vaccinated. That is, the personnel of this group was 390 vaccinated, and 390 unvaccinated. Of the number that developed influenza, there were 119 that were vaccinated; of the number that were not vaccinated, 103 developed it. The number that developed pneumonia of those vaccinated was 23; of those not vaccinated, the number was 17. The number of deaths in those vaccinated was 10; in those not vaccinated, 7. From this list it is proven that it had no influence.

Dr. Street (in response): All that I feel that I could say to you that would be of benefit is that, if you ever have to deal with this serious epidemic again, consider well the importance of rest and quietude. I have seen plenty of cases, for instance, who recovered that had no physician at all. They were those who had sense enough to go to bed and stay there. I have seen also those who did not have sense and good judgment, that suffered very much from serious complication.

I will just detail to you very quickly a case, to illustrate the point, with reference to those that did not see the importance of quietude and rest. When I speak to you of rest in bed, I want to say to you that I mean by that, as I said in my paper, in a prone position. I don't think that the patient should ever be allowed, under any circumstances, to rise in bed, even if he feels well enough to take his meals, nourishment or medicine. Keep him absolutely prone. Now, why do I insist on this? It is to *prevent* complications. What is the use of having complications, if they can be prevented? That's why I want to urge on you to *prevent* these complications. I honestly believe that if every case, as soon as the patient is taken ill, will go to bed and stay there in a *prone* position, the death rate in this disease would be reduced to practically nothing, unless there is some pre-existing condition to warrant death.

Now, to illustrate the importance of rest, I will say to you that I had a young negro man come into my office. He was about twenty-four years of age. He was a perfect specimen of young manhood. He came up almost out of breath—my office was upstairs. He could hardly tell me between his breath what he wanted, that he wanted me to do something for him, that he could not get his breath; that's what he came for. I said, "You have had the 'flu' lately, haven't you?" He said, "I have; but I didn't have any doctor," he said, in reply to my direct question. "You stayed up all the time, didn't you?" "Yes," he said, "I stayed up all the time, night and day." I want to say that there seems to be an impression among the negroes that if they went to bed they would die. I examined this negro, and I found him with a loud endocardiac murmur, and the damage to his heart had gone to dilatation. I explained to him that the only chance in the world for him to recover was to go to bed and stay there six weeks absolutely quiet, and re-establish that circulation. He promised that he would do so, but he didn't. I was called to see him about two months afterward, I guess, and I found him suffering with general anasarca. Besides that, he had ascites, that looked like a woman nine months pregnant. His pulse was so feeble you could hardly count it. He sat up all night and all day. He could not lie down at all, gasping for breath. I put him to bed, and put him on treatment, and to my surprise he recovered. He now has sufficient compensation to enable him to go about his work again. I only detail to you this case to show you the harmful effect of not taking rest when you take this disease.

I honestly believe if you put your patient to bed, just meet the indications, and *control your symptoms* as they occur, and keep in your mind continually the importance of absolute and unqualified rest. I think that you will see the mortality and complications will be reduced to nil.

Dr. McGraw (in response): I appreciate the discussions by the gentlemen. I think that Dr. Cargile gave us an idea that it would be well for us all to take home with us. And I rather think that the fact that they were scarce of flies in his town is a very

good explanation of why they did not have so much influenza, and I think that would be well for us all to take home and talk to our people about.

I like the doctor's idea as to the tubercular cases. In all probability, they were tubercular before, and it has been set to going again, speaking of tuberculosis only as a complication in influenza.

At the proper time I wish that the Arkansas Medical Society might set in motion some plan tending toward the eradication of tuberculosis in Arkansas. We can get at tuberculosis better than we can the venereal diseases, and it is greatly needed. Now, at this time, when the country is thinking and money is being raised, not by the thousands, but by the millions of dollars, it seems to me that it would be a good time for Arkansas to make a move toward the eradication of tuberculosis. And, while we could not eradicate tuberculosis in Arkansas because the lines of communication will bring it back, yet, if we could make a start, we could make some progress in that direction.

Chairman: That matter took form yesterday.

Dr. Lee (in response): I would just like to make the statement that Dr. Freemeyer will take one of the cases of my series and report more fully on it tomorrow. It is a case of pneumococcic meningitis. He takes it up in detail.

Now, just one word about the vaccine treatment. We took two wards of sixty beds each of pneumonia cases. To one ward of sixty beds we gave the regular treatment of elimination, stimulation, and quiet and rest in bed. To the other ward of sixty beds we administered the vaccine; to thirty beds on one side we gave the autogenous vaccine prepared by Capt. Glenn and myself, and thirty beds on the other side of the ward we gave the vaccine gotten through the U. S. Medical Department. We saw no improvement whatever in those cases treated with either our vaccine or the vaccine furnished by the War Department over the cases treated with the regular prescribed methods. But, I do believe that we can get good results with the passive immunization by taking the blood serum of a case convalescent from the disease and administering it intravenously to early cases where they are just developing pneumonia. For instance, you can give anywhere from 75 to 100 c.c. of blood serum of a case that has been immunized by having had the disease itself, to a man just developing pneumonia. Sometimes you notice a marked improvement; but, if you wait until that case is far advanced, and where the lung is massively consolidated, even then your passive immunization will do no good whatever.

Have you been over the top with the army? Help the Red Cross go over the top November 2-11. Volunteer at your chapter headquarters to help obtain 20,000,000 new members.

Red Cross war-time activities have been run on a firm business basis. The same standards will be maintained for the peace program. Help make its institutions financially sound. Answer the Roll Call November 2-11.

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The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

THIRD SURVEY OF HOSPITALS.

The third survey of hospitals being made under the auspices of the American Medical Association is now well under way. Through an extensive correspondence and a third questionnaire the association has collected a mass of information on the subject. Much of this material has been tabulated and forwarded to committees in each state representing the

state medical associations. Most of the state committees have arranged definite lines of action and by inspection of the hospitals or by other methods are securing first-hand information by which the data collected by the association is being carefully checked. The immediate end sought is to provide a reliable list of hospitals which are in position to furnish a satisfactory intern training. The investigation is not limited to intern hospitals, however, but will cover all institutions, and the data obtained will be useful in any future action which may be taken in classifying hospitals. The work in Arkansas is in charge of a committee of which Dr. B. L. Wyman of Birmingham is chairman, the other two members being Dr. T. H. Frazer, Mobile, and Dr. Fred W. Wilkerson, Montgomery. The closer relationship which the hospital now bears to the public in the community which it serves makes it all the more important that the service rendered by it shall be excellent in character.

SOUTHERN MEDICAL ASSOCIATION ANNUAL MEETING AT ASHVILLE.

The thirteenth annual meeting of the Southern Medical Association will be held at Asheville, N. C., November 10-13.

Asheville is known as one of the finest and most important health resorts in the United States and the most beautiful spot in the state, called "The Land of the Sky." Because of its reputation as a health resort it is the habitat of many distinguished physicians, and the patient going there for his health is sure of being able to obtain the services of the best and most skillful physicians and surgeons in America.

In addition, there will be famous physicians from all parts of the United States and it is safe to say that outside of the meetings of the American Medical Association, no such gathering of famous professional men will have assembled in this country. A fine program, delightful entertainment, grand scenery, balmy climate and good hotel accommodations await all who attend—and Arkansas should be represented by an adequate quota. A brief outline of the program follows:

MONDAY MORNING AND AFTERNOON.

Section on Urology.
Section on Pediatrics.
National Malaria Committee (Conference on Malaria).
Southern States Association of Railway Surgeons.
Conference on Medical Education.
Southern Gastro-Enterological Association.

MONDAY NIGHT.

A public meeting under the direction of the Section on Public Health.

TUESDAY MORNING.

Formal opening with addresses of welcome, address of the president, orations on medicine, surgery and public health, etc.

TUESDAY AFTERNOON.

Section on Medicine.
Section on Public Health.
Section on Surgery.
Section on Eye, Ear, Nose and Throat.
American Child Hygiene Association—our guest this year.

TUESDAY NIGHT.

A general meeting early in the evening, followed by a great reception to our president at the famous Battery Park Hotel.

WEDNESDAY MORNING AND AFTERNOON.

Section on Medicine.
Section on Public Health.
Section on Surgery.
Section on Eye, Ear, Nose and Throat.
American Child Hygiene Association.

WEDNESDAY NIGHT.

A general meeting with ten-minute talks by a number of leading physicians on the recent advances in medicine and surgery.

THURSDAY MORNING AND AFTERNOON.

Section on Medicine.
Section on Public Health.
Section on Surgery.
Section on Eye, Ear, Nose and Throat.
American Child Hygiene Association.

HEALTH, MORALS, PROTECTION.

The isolation ward at the Isaac Folsom Clinic in Little Rock has recently been unenviably in the limelight following a sort of insurrection of the unfortunate inmates, which resulted in escapes from the institution on more than one occasion.

But the blame must not be placed on the health officers, military or state. The isolation ward was originally established for the protection of the soldiers at Camp Pike. Protection was the only issue with which the health authorities had to deal. No moral question was involved. There was no attempt to compel the soldiers to be virtuous, but merely to protect them from infection. Wherefore the women who were diseased were relegated to the clinic and kept there until they were cured. Then they were turned loose, doubtless in many cases only to proceed to again become infected, and return to the clinic—a sort of endless chain.

It appears that from thirty to forty women were herded into one large room with but one

bath and one toilet. They were not required to work. Seant reading matter, no recreation, no entertainment, no instruction, was given them. Under such conditions what could become of thirty or forty idle women?

The depraved would inevitably become more so. Beginners in vice would necessarily sink lower by association. But, as stated, the object of the health officers was protection, not morality nor the uplift of the fallen. The trouble seems to have been the lack of coöperation by the welfare societies. En passant the coincident may be noted that on the very day that the exposure of the terrible conditions was published, the newspapers carrying the story contained announcements of the meetings of five different foreign missionary societies. Comment would be superfluous. However, the Women's Reformatory and Girls' Industrial School organizations have taken up the matter and a recurrence of the outbreak will not be likely.

Abstracts.

GALLBLADDER DIAGNOSIS.

A clinical experimental study on human beings, using Meltzer's suggestion of direct duodenal treatment with magnesium sulphate in jaundice and biliary colic, is reported by B. B. V. Lyon, Philadelphia (Journal A. M. A., September 27, 1919). He believes that the observations of Meltzer on animals have borne fruit and opened a new method of diagnosing diseases of the gallbladder and the biliary ducts. He has studied more than 100 cases with a total of nearly 1,000 observations which proved that the instillation directly into the duodenum of magnesium sulphate, in various solutions and amounts, is quickly followed by the evacuation of bile into the duodenum. The magnesium sulphate appears not only to relax the sphincter of the common duct and thereby drain the bile, but at the same time causes the gallbladder to contract and squeeze it out. It is not, however, the only chemical which has this action. The procedure has taught us, moreover, to differentiate within reasonable certainty the different diseases of the various components of the biliary system, and to make a scientifically accurate diagnosis between cholecystitis, cholelithiasis and choledochitis. While the gallbladder may become infected in other ways, the author's study has impressed him with the frequency of direct ascending infection from the duodenum. "We believe

that in the larger number of instances the sequence of events is: a primary source of infection in the mouth (gums [pyorrhea alveolaris]; teeth [apical abscesses]), nasal sinuses and respiratory tract (lungs [pneumonia, especially of the lobular, mixed infection type], capillary bronchitis, etc.), and bronchial tree (simple catarrhal or purulent—large tube—bronchitis), with the swallowing of infected saliva, which sets up, under favorable circumstances, an infective gastritis (this can be proved), or which passes by the stomach, leaving it unharmed, to produce an infective duodenitis (which can be proved) and, ascending thence through the ampulla of Vater, infects the common duet and obtains final lodgement in the gallbladder. The gallbladder, once infected, provides an excellent culture medium for continued bacterial development." Lyon presents a method of aspiration for diagnostic purposes; the patient being examined in a fasting condition, the mouth is rinsed with an antiseptic solution and the stomach contents aspirated with a sterile tube. Then from 50 to 100 c.c. of a sterile, 25 per cent saturated solution of magnesium sulphate is introduced, and by gentle aspiration withdrawal of the fasting gastric residuum is effected, and it is examined microscopically and chemically. The stomach is then thoroughly rinsed and the patient given a glass of water, and slowly swallows the tube to the duodenal point while lying on the right side with a pillow or sand-bag elevating the hips. The entrance to the duodenum is shown by the duodenal "tug," the character of the aspirated fluid and the failure to recover immediately by vacuum aspiration the material which the patient swallows by mouth. In the fasting state the duodenal contents should be free of bile, pearly gray, fairly transparent and of a syrupy, stringy consistency with a relatively small amount of flocculent or flaky sediment. In duodenitis, it varies. The bottle is detached with its contents for examination, and with a sterile syringe or by the gravity method, 50 to 100 c.c. of a sterile saturated solution, 25 per cent of magnesium sulphate is introduced and gently aspirated into a second sterile bottle. Bile usually appears in from two to ten minutes, staining the solution. When a pronounced yellow color is reached, the second bottle is decanted into a sterile glass container. From the character of the bile, its source is judged. If it becomes darker, more of a molasses color, Lyon considers it has been stored

up in the gallbladder. In the different diseased conditions the bile shows different appearances. In choledochitis it is more viscid with an excess of flaky mucus, is usually turbid and "off" color, containing pus cells from the first. In cholecystitis the first bile collected is usually normal, but the second is grossly pathologic, with various streptococci and staphylococci; the shades of yellow vary to various shades of green or greenish black. In cholelithiasis we have the evidence of cholecystitis, and Lyon has in two instances recovered sediments gritty with bile-salt crystals or small gallstones. Further reports of findings will be published later. Considerable success has been obtained in treatment of cases by the direct method of gallbladder drainage and disinfection of the duodenum by different germicidal solutions.

Personals and News Items.

Dr. and Mrs. G. E. Tucker of Bigelow visited in Little Rock this month.

Dr. and Mrs. J. P. Runyan of Little Rock have returned from Chicago and Rochester.

Dr. W. S. May of Little Rock has returned from New York and Chicago.

Dr. and Mrs. J. P. Sheppard of Little Rock have returned from an extended tour through the Northwest.

Dr. G. E. Tarkington announces his association with Dr. W. T. Wootton of Hot Springs in the general practice of medicine.

Dr. Loyd Thompson of Hot Springs has returned from the East and announces that his practice will be limited to syphilis, genito-urinary diseases and dermatology.

The following Arkansas physicians of the Medical Corps, U. S. Army, have recently received their honorable discharge from service in this country and abroad, and have resumed their practice in their respective homes: C. Wallis, Arkadelphia; W. T. Polk, Blytheville; E. L. Haney, Hackett; J. W. Ramsey, Jonesboro; C. E. Byler, Lepanto.

Some of the members of the St. Louis Medical Society have organized a section of that body called the Clinical Section of the St. Louis Medical Society, and have established a system of clinics to which members of our association are invited when they are in St. Louis. The advertisement appears in this is-

sue under the heading "St. Louis Clinics." There is a large amount of clinical material in St. Louis which has never been organized, but now should afford splendid opportunities for physicians who desire to take advantage of the arrangement.

Correspondence.

(By Permission of Dr. W. E. Vaughan.)

Kolascien, Montenegro, Aug. 16, 1919.

Dr. W. E. Vaughan, Richmond, Ark.:

DEAR DOCTOR AND FRIEND:—I guess you will be surprised to hear from me after this long silence; but after serving a year and a half in the army and six months in the Red Cross without holding a membership in a medical society, I am beginning to feel that I am not much of a doctor. I am also getting a little lonesome for the Arkansas Medical Journal, so I am sending this letter through my mother, asking her to forward \$3.00 and requesting that I be reinstated to membership in the Little River County Medical Society, if such a thing is possible.

Thinking that you might be interested to know something about how I have been passing the time away, or how I won the war, I will give you the following brief account of what I have been doing.

I came to France in August, 1918, with one of the ambulance companies of the Eighty-fifth Division. We were made a depot division and sent to a training area about 100 kilometers south of Paris. I was soon transferred to a machine gun battalion and I liked my new station fine and still think it is the best job in the whole army, because you can come nearer bossing yourself there than in any other place, and I am strong for that. We moved up to the Toul sector in October and I didn't know whether I would ever join another medical society or not. We entered into operation against the Germans between the Muse and Moselle, between the 9th and 11th of November. We got close enough to see an aeroplane brought down and hear the large guns and see the flashes at night.

After the armistice we backed up to Toul and I thought that any morning I might wake up and find myself back in America; but the process seemed very slow. In March we arrived at Brest. I was surely on my way back home. But the camp surgeon was combing

out all of the medical officers he could and giving them duty at the camp for a few months before going home. I did not want to stay at the camp and the Red Cross was asking the army for medical officers and I was given the privilege of being discharged to join the Red Cross.

I was discharged on March 19 and arrived in Paris on the 20th; was there about a week and came to Montenegro by way of Rome and across the Adriatic. The Red Cross has established four hospitals here, one each at Cettinge, Podgoritza, Nitsic and Kolascien. Two nurses and I started the one here and we have all enjoyed the work very much. We expected to leave Montenegro September 1, but there has been a new appropriation to continue work here for another year. Our activities will be concentrated at Podgoritza, a town of 12,000, where we have a 65-bed hospital, but the other hospitals will also be supported.

I don't know just how much longer I shall be here; but after this month I will probably be on duty at the Podgoritza hospital, and expect to have a great deal of interesting work.

Sincerely your friend,

CAPT. A. D. CATHEY,

*American Red Cross, Balkan Commission,
Montenegro Unit, via Paris, France.*

New and Nonofficial Remedies.

CINCHOPHEN-CALCO.—A brand of cinchophen. It complies with the standards of acidum phenyleinchoninicum, U. S. P. The Calco Chemical Company, Newark, N. J. (Journal A. M. A., September 13, 1919, p. 837).

CINCHOPHEN—ABBOTT.—The Abbott Laboratories have adopted the name cinchophen for the product accepted for New and Nonofficial Remedies as phenyleinchoninic acid—Abbott (see New and Nonofficial Remedies, 1919, p. 227).

CHLORAZENE SURGICAL GAUZE.—Gauze impregnated with and containing approximately 5 per cent of chlorazene. For description of chlorazene, see New and Nonofficial Remedies, 1919, p. 137. The Abbott Laboratories, Chicago.

BENZYL ALCOHOL—VAN DYK.—A brand of benzyl alcohol which complies with the New and Nonofficial Remedies standards. For a description of the actions, uses and dosage of benzyl alcohol, see New and Nonofficial Reme-

dies, 1919, p. 52. Van Dyk & Co., New York City.

CINCHOPHEN.—A nonproprietary name applied to phenyleinchoninic acid (*Acidum Phenyleinchoninicum*, U. S. P.). For a description of the actions, uses and dosage, see under Phenyleinchoninic Acid and Phenyleinchoninic Acid Derivatives, *New and Nonofficial Remedies*, 1919, p. 226.

CINCHOPHEN—MORGENSTERN.—Morgenstern & Company have adopted the terms cinchophen and sodium-cinchophen-water for the products accepted as acid phenyleinch.—Morgenstern, and sodium phenyleinch.-water—Morgenstern (see *New and Nonofficial Remedies*, 1919, p. 227).

NOVASPIRIN.—A compound of anhydromethylene-citric acid and salicylic acid. For a discussion of the actions and uses of acid derivatives of salicylic acid (acetylsalicylic acid type), see *New and Nonofficial Remedies*, 1919, p. 250. The dose of novaspirin is 1 gm. several times daily. The Winthrop Chemical Company, New York City (*Journal A. M. A.*, September 27, 1919, p. 987).

CULTURE-LAC.—A culture of *Bacillus bulgaricus* in whey, marketed in bottles containing about four fluid ounces. It is adapted both for internal and external use (see general article on Lactic Acid-producing Organisms and Preparations, *New and Nonofficial Remedies*, 1919, p. 155). The date of issue is stated on the label of each bottle. Geck Laboratory, New York (*A. M. A.*, September 6, 1919, p. 767).

Propaganda for Reform.

CASE'S RHEUMATIC SPECIFIC.—The post-office authorities announce that the fraud order against Jesse A. Case has been revoked because Case has agreed to discontinue the sale of his rheumatic specific (*Journal A. M. A.*, September 20, 1919, p. 428).

SECRET REMEDIES AND THE PRINCIPLES OF ETHICS.—There are on the market today and used by the members of the American Medical Association, dozens, yes, scores, of widely advertised proprietaries that are, to all intents and purposes, secret. The physicians who prescribe them do not know and cannot know what they are giving their patients. On this point Section 6, Chapter II, of the Principles

of Medical Ethics of the American Medical Association says: “. . . unethical to prescribe or dispense secret medicines or other secret remedial agents, or to manufacture or promote their use in any way.” The inherent and basic reasonableness of the various requirements of the Principles of Medical Ethics needs no exposition or defense (*Journal A. M. A.*, September 27, 1919, p. 402).

CASE'S RHEUMATIC SPECIFIC.—More than five years ago *The Journal of the A. M. A.* exposed Case's Rheumatic Specific, the A. M. A. Chemical Laboratory showing that its essential drug was sodium salicylate. Now comes the United States postoffice and interferes with Mr. Case's presumably lucrative quackery by denying him the use of the mails. In recommending the issuance of a fraud order, the solicitor of the Postoffice Department declared: “Mr. Case, the respondent herein, is not a physician and has had little opportunity for study along medical lines. . . . He knows nothing of the effect of drugs and he is incompetent to prescribe their use. When he sells one form of treatment for all forms of rheumatism, irrespective of the superinducing cause or causes of the trouble, he well knows that it is mere guesswork on his part—a hit or miss chance of recovery; and when he calls such a treatment a ‘specific for rheumatism,’ and solemnly urges its use as a cure for practically all forms of rheumatism, he knows that he is not acting in good faith, and his scheme for obtaining money through the mails by such means should be suppressed” (*Journal A. M. A.*, September 13, 1919, p. 852).

BENZYL BENZOATE.—Although the benzyl esters have been known only a short time in medicine, the possibilities of their usefulness in certain fields of practice is becoming apparent. Benzyl benzoate has already been accepted for *New and Nonofficial Remedies*. The therapeutic applicability of benzyl esters arose from the investigation of opium alkaloids by D. I. Macht. The study demonstrated that opium alkaloids may be divided into two classes—the pyridin-phenanthrene group, of which morphin is the type, and the benzylisoquinolin group, to which papaverin belongs. The former was found to stimulate contractions of unstriated muscle, whereas the papaverin-like alkaloids inhibit the contractions and lower the muscle tone. A search for simpler, non-narcotic compounds of the

latter which might still act in inhibitory manner on smooth musculature led to the use of benzyl acetate and benzyl benzoate. Ureteral colic and excessive intestinal peristalsis have been found to yield to the tonus lowering action of these two drugs. Apparently satisfactory results from the use of benzyl benzoate in dysmenorrhea have recently been reported (Journal A. M. A., September 6, 1919, p. 770).

THE DIRECT SALES CO.—The Direct Sales Co., Inc., Buffalo, sells its drugs to physicians by mail, and features a "profit-sharing rebate." The concern has guaranteed its products to be in accordance with the Food and Drugs Act and to be equal, if not superior, to any on the market. One of the quarterly bulletins of the State Board of Health of New Hampshire, issued last year, announces that the following preparations of the Direct Sales Company were found substandard: "Tablets salicylic acid, 5 grains (1.72 grains found); tablets acetylsalicylic acid, 5 grains (2.31 grains found); tablets acetanilid, 3 grains (1.88 grains found); tablets codein sulphate, $\frac{1}{4}$ grain (1/15 grain found); tablets nux and pensin No. 2, claiming pensin 1 grain, extract nux vomica 1/10 grain (found to have a gross average weight per tablet of only 1.17 grains, 0.54 grain of which was represented by sugar and other medicinally inert material; tablets infant's anodyne (Waugh) showed serious discrepancy from formula." Subsequently the federal authorities examined the products of the Direct Sales Company, and Notice of Judgment No. 6193 describes cases of adulteration and misbranding of some of the drugs put out by the Direct Sales Company (Journal A. M. A., September 27, 1919, p. 1001).

IODIN TINCTURES, WATER SOLUBLE.—T. Sollmann has investigated the claim that certain proprietary iodine preparations are superior to the official tincture of iodine and to compound solution of iodine (Lugol's solution). The claim of superiority is based on the allegation that the potassium iodide in the official preparations causes local irritant action. Since the proprietary preparations have been shown to contain free hydrogen iodide, this claim seemed improbable to Sollmann, and he surmised that apparent decrease in irritant effects was due to a lower iodine content of the proprietaries, such as Burnham's Soluble Iodine and Sharp & Dohme's Surgodin. From experiments which he conducted with the va-

rious iodine preparations, all diluted to the same iodine strength, Sollmann concludes: The presence of potassium iodide in the official tincture of iodide does not seem to render this preparation more irritant. On the contrary, it is somewhat less irritant to the skin and much less precipitant to protein than the simple alcoholic tincture or the secret and non-secret "miscible tinctures." The more even spreading and more rapid coagulation of proteins render the simple alcoholic solution of iodine probably the best for the "disinfection" of the skin, while the delayed protein precipitation of the U. S. P. tincture would probably render this somewhat superior for the disinfection of open wounds (Journal A. M. A., September 20, 1919, p. 899).

THE LUCAS LABORATORY PRODUCTS.—The products put out by the Lucas Laboratories, New York City, are for intravenous use, and the method of exploitation indicates that the concern is less interested in the science and therapeutics than in taking commercial advantage of the present fad for intravenous medication. The composition of the products is essentially secret, which in itself should be sufficient to deter physicians from using them. Even the hieroglyphics that used to be palmed off on the medical profession by nostrum exploiters under the guise of "graphic formulas" are outdone by the "formulas" of the Lucas Laboratories. "'Luvein' Arsans (Plain)" is said to be: "Di hypo sodio calcio phosphite hydroxy arseno mercuric iodid." The first part of this "formula" might stand for sodium and calcium hypophosphite. The remainder is meaningless, except that it suggests (but does not insure) the presence of arsenic and mercury iodide. "'Luvein' Arsans, Nos. 1, 2 and 3," "Meta hydroxy iodide sodio arsano mercurio dimethyl benzo sodio arsenate, ai oxy sodio tartaria sulpho disheuy hydrazin." Who can venture even a conjecture as to the possible significance of this? The proposition offered to physicians by the Lucas Laboratories, Inc., is an insult to the intelligence of the medical profession. Physicians should heed the warning of the Council on Pharmacy and Chemistry that intravenous therapy should be employed only when most positively indicated. Further, because of the inherent danger of intravenous medications, physicians should use the products of firms of unquestionable scientific standing only (Journal A. M. A., September 20, 1919, p. 927).

AMERICAN-MADE SYNTHETIC DRUGS.—P. N. Leach, W. Rabak and A. H. Clark report on the work which was done in the A. M. A. Chemical Laboratory in the efforts to overcome the shortage of synthetic drugs during the present war. In particular they report on the examination of and the establishment of standards for procain (novocain), barbital (veronal), phenetidyl-acetphenetidin (holocain) and cinchophen, or phenyleinchoninic acid (atophan), manufactured under Federal Trade Commission licenses. They report that the shortage of German synthetics was not felt seriously in most cases, because the demand for them had been artificially created, and that the few which were in great need are being rapidly replaced by American-made drugs. The report explains how the Federal Trade Commission granted licenses to American firms for the manufacture of German synthetics which were protected by U. S. patents, and how these licenses were issued only after an examination of the firm's product in the association's chemical laboratory had demonstrated that its quality was satisfactory and equal to that of the drug formerly imported from Germany. It is interesting to observe, the report declares, that of all the synthetic drugs imported into this country from Germany and on which American patents had been issued, the demand was sufficient only to make it commercially profitable to manufacture four of them on a commercial scale, namely, arsphenamine (and neoarsphenamine), barbital (and barbital sodium), cinchophen and procain. The chemists caution that, in view of the agitation to found an institute for coöperative research as an aid to the American drug industry, it will be well for the American medical profession to be on its guard against new and enthusiastic propaganda on the part of those engaged in the laudable enterprise of promoting American chemical industry (Journal A. M. A., September 6, 1919, p. 754).

County Societies.

CONWAY COUNTY.

(Reported by A. L. Goatcher, Sec'y.)

At a called meeting of the Conway County Medical Society on September 12, Dr. Clegg from the Public Health Service was present and spoke on "The Control of Venereal Diseases."

At the same meeting Dr. Mobley of Morrilton was elected to membership in the society and made a talk on how venereal diseases are controlled in the army.

The society adopted resolutions to assist the Health Department in any way they could to control venereal diseases.

POPE COUNTY.

(Reported by J. R. Linzy, Sec'y.)

The Pope County Medical Society met at the city hall in Russellville, on September 25. Present: Drs. R. M. Drummond, Selwin Drummond, J. F. Hays, J. M. Campbell, R. L. Smith and J. R. Linzy of Russellville, and Drs. Montgomery and Hayney of Atkins, and Drs. Brown and Truette of Dover.

Drs. J. F. Hayes, Selwin Drummond and Hayney reported their experiences in army service. Dr. Smith reported a surgical case showing photographs of same. Dr. Linzy read a paper on "Preventive Medicine."

The meeting adjourned to meet on call of the president.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, M. D.)

Walnut Ridge, Ark., Oct. 6, 1919.—The Lawrence County Medical Society met in September at Walnut Ridge, Ark., with Dr. J. C. Land, and had for their program a symposium on obstetrics and some discussion on typhoid fever. It was suggested that the people should know that typhoid is primarily a disease of childhood and young adult life, and prevails mostly in the autumn and early winter, and that people that had not been vaccinated against it should see their family physician and have it done at once, as it absolutely prevents if used in time.

The following were present: J. C. Land, J. W. Morris, H. R. McCarroll, W. J. Robinson, J. C. Swindle, Earl Thomas, C. C. Townsend and G. A. Warren.

The October meeting was held at Hoxie, Wednesday, October 1, at the office of Dr. J. C. Hughes.

Before the reading of the regular papers some interesting clinical cases were reported and the discussions that followed were very instructive.

Two of the essayists were present and presented good papers as follows: "Treatment of Influenza," W. W. Hatcher, and "Acute

Angina Pectoris," G. A. Warren. These were both good papers, and lively and interesting discussions followed them both. Some of the physicians said they would not have missed the meeting for considerable money. Interest was stimulated by the good attendance.

Dr. D. B. Rudy of Smithville, one of the time-honored and pioneer physicians of the county, was present, and, although practically retired, joined the society.

The following were present: C. C. Ball, T. C. Guthrie, W. W. Hatcher, A. G. Henderson, J. C. Hughes, J. W. Morris, W. J. Robinson, D. B. Rudy, J. H. Stephens, J. H. Stidham, C. C. Townsend and G. A. Warren.

Book Reviews.

THE MEDICAL CLINICS OF NORTH AMERICA.—Boston number. March, 1919. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price, per year, \$10.00.

Boston is represented in this number with seventeen clinics. In the clinic of Dr. Henry A. Christian a case is presented showing cutaneous pigmentation, jaundice, palpable liver and spleen and ascites.

THE MEDICAL CLINICS OF NORTH AMERICA.—New York number. January, 1919. Published by W. B. Saunders Company, Philadelphia. Price, per year, \$10.00.

Fourteen of New York's interesting clinics are given in this number. Dr. Bandler describes "Sterility in women, with special reference to endocrine treatment of the same." Pituitrin in obstetrics is also discussed by Dr. Bandler.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries, and improvements in the medical and surgical sciences. Edited by H. A. Hare, M. D., assisted by L. F. Appleman, M. D. June, 1919. Published by Lea & Febiger, Philadelphia. Price, \$6.00 per annum.

The contents of this volume consist of articles on hernia, surgery of the abdomen, gynecology, disorders of nutrition and metabolism, diseases of the glands of internal secretion, diseases of the blood and spleen, and ophthalmology.

MILK.—By Paul G. Heineman, Ph. D., Director of the Laboratories of the United States Standard Serum Company, Woodworth, Wis. Octavo of 684 pages, with 237 illustrations. Published by W. B. Saunders Company, Philadelphia. 1919. Cloth, \$6.00 net.

Those interested in the milk problem, whether physicians, sanitarians, students or

producers, will find in this book that nearly all the questions occurring to them have been touched upon.

And for the benefit of those who wish to follow up any particular avenue in this vast subject, a bibliography to each chapter has been appended.

THE HEALTH OFFICER.—By Frank Overton, M. D., D. P. H., Sanitary Supervisor New York State Department of Health, and Willard J. Denno, M. D., D. P. H., Medical Director of the Standard Oil Company. Octavo of 512 pages, with fifty-one illustrations. Published by W. B. Saunders Company, Philadelphia, 1919. Cloth, \$4.50 net.

The information given in this book is of as much value to the average health officer as the health officer is to a community in matters of public health. It tells the health officer what to do, and how to do it. It describes the various activities in which a health officer engages.

This book should prove to be of value not only to health officers and members of health boards, but to social workers, teachers and others interested in health work.

DIET IN HEALTH AND DISEASE.—By Julius Friedenwald, M. D., Professor of Gastro-Enterology in the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore; and John Ruhrah, M. D., Professor of Diseases of Children in the University of Maryland and College of Physicians and Surgeons, Baltimore. Fifth edition, thoroughly revised and enlarged. Octavo of 919 pages. Published by W. B. Saunders Company, Philadelphia, 1919. Cloth, \$6.00 net.

This book gives a reasonably concise account of the different kinds of foods, their composition and uses, and also sets forth the principles of diet both in health and disease. It tells the physician how to feed his patient.

In this new edition we find a considerable portion has been rewritten in part or entirely, including the sections on infant feeding, rectal feeding, diabetes, obesity, acidosis, the Karell cure, renal diseases and pellagra and the deficiency diseases.

HYGIENE AND PUBLIC HEALTH.—By George M. Price, M. D. Second edition, thoroughly revised. Published by Lea & Febiger, Philadelphia, 1919. Price, \$1.50 net.

This small volume presents the essential features of hygiene and public health. The most important changes in this edition are in the chapter on the prevention of infectious diseases, to which has been added the very important report of the American Public Health Association Committee on Standard Regulations for the Control of Communicable Diseases.

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Original Articles.

SURGICAL TREATMENT OF PROLAPSE OF THE UTERUS.*

By H. H. Kirby, M. D.,
Little Rock.

Dr. H. H. Kirby (Little Rock): I wish to make a few preliminary remarks regarding the structures in the pelvis, especially the support of the pelvic organs.

The fascia, as you know, within the pelvis is the structure that has to do principally with the support of these structures. The muscles play a relatively unimportant part in it. If they did support the structures with the constant pressure against them, there would come a time when they would become exhausted and they would fail to perform their functions. But, Nature has provided a substance in the form of fascia that serves this purpose.

Now, the first thing to remember is the pelvis is placed at an angle of approximately 55 degrees to the abdominal cavity. By this means the pressure from above is taken away to a large degree from the pelvic structures, the weight and pressure being principally on the body of the pubis and structures just posterior.

In studying the anatomical structures supporting the uterus, we find, first, the utero-sacro ligament which passes from the sacrum laterally to the rectum, passes around it and attaches to the upper part and the posterior part of the neck of the uterus just below the body. The next ligament is one which passes from the posterior lateral wall of the pelvis to the neck of the uterus just behind the middle of the lateral surface of cervix, and upon which the ureter and the uterine artery passes. This is an offshoot from the white line to the lateral and anterior part of the neck of the uterus, known as the lateral cervical ligament. This ligament is attached also by oblique fibers which pass downward from it to a point just behind or above the meatus urinarius and is the principal support for the anterior vaginal wall. Posteriorly you find the vagina supported by the vaginal ligament, which is also an offshoot from the pelvic fascia. This ligament is found attached also by oblique fibers which pass down from the posterior-lateral ligament of the cervix to a point just above the anterior border of the levator ani muscles where they come together on the median plane; that is, in the perineum.

With these few remarks, I shall try to give you the method that has been worked out for the correction of prolapsus of the uterus. This deals principally with the prolapse of the uterus produced by child

birth rather than is found in some of the perfectly developed individuals.

Having reviewed the anatomical points to be considered in this connection, the abdominal conditions which result in these displacements must next be determined. And it is because of these conditions not being the same in every case that the technic in special ways must be modified or additional work be done to bring about a correction of the deformity, some of which must be deferred to a future time when healing has recurred from the first procedure, the extent of the operation determining the course, since there is relatively little shock or danger from the primary or any succeeding operation.

First, I will emphasize that the cervix should not be removed. If it is lacerated or diseased prior to the rectifying operation, correct it. It is to the cervix at the cervico vaginal junction that the fascia from the posterior lateral wall of the pelvis is attached, this fascia attaching itself just posterior to the middle of the lateral surface of the cervix and being the one that accounts for the lateral tears usually found in the cervix, and also for the apparent shortening of the posterior lip as seen in these cases. This is the ligament, also, which prevents retrocession or posterior sliding of the uterus.

Again, arising from the lateral wall of the pelvis and passing to the anterior surface of the neck of the uterus is the lateral cervical ligament which becomes continuous with the anterior vaginal layer of pelvic fascia, and which, when torn, releases the support above and laterally to the upper anterior vaginal wall and allows a sagging of the anterior vaginal wall and is evidenced by a prominence of the structures at and near the opening of the urethra, even in cases in which the cystocele has not formed. It is at this point that it occurs, because the fibers of the anterior vaginal layers of fascia run obliquely downward and attach at this point and are held by the

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

lateral cervical ligament. They are really a continuation downward of it, so that a removal of the cervix would necessitate an attachment of these two fascial layers to other structures in order to secure a proper result.

In some cases it is found that the support from below and anteriorly only is gone. It is in such cases that a bringing together of the oblique fibers of the anterior vaginal wall together with an attachment of these fibers to the anterior surface of the neck of the uterus results in a cure. If this condition is allowed to go for a period of time long enough to allow a stretching of the posterior lateral ligament of the cervix, the uterus will incline downward toward the outlet, but without a retrocession, in which case it is necessary not only to repair the anterior vaginal wall, but to shorten the posterior lateral ligament, which can be easily done by making an incision around the cervix at one cervico vaginal junction, dissecting the vaginal mucous membrane laterally, and after separating the ligament drawing it downward and reattaching it, thereby shortening it. In case of tears which involve the fascia of the posterior vaginal wall together with the above mentioned lesions, a much more extensive operation becomes necessary. Beginning at the vaginal outlet the mucous membrane must be dissected from the underlying fascia as high as the cervix posteriorly, the posterior fascia being drawn medially and downward, attached across the median line. This again supports the lateral attachment of vaginal layer of fascia, which in turn exerts a counter pull on the anterior layer (the vesico vaginal layer) and prevents its relaxation. It is found on dissection that this layer exerts its pull from below and upward from the upper central part of the perineum above the anterior borders of the levator ani muscles, and upward retraction that occurs should be overcome and the fascia brought downward and attached to its original position. This fascia above receives fibers from the lateral cervical ligament and the ligament to the posterior lateral surface of the uterus.

In order to bring about these dissections, one must keep next to the mucous membrane. In this way the rent in the fascia is more easily detected and the slightly thickened edges of it can be more easily brought together and upward to the cervix where they are, as a rule, widely separated. It is only in

this way that they can be satisfactorily displayed. The same rule applies to the posterior vaginal wall in the correction of the rectocele and the building up of the normal support. The dissection is best carried out by a short dissection until the lateral normal fascia is detected, when it is separated by blunt gauze dissection. If the separation is properly done, the fascia will be found loosely attached to the bladder and to the rectum and can be easily separated from it.

Lastly, the perineum should be repaired and I shall emphasize only one other point than that of the fascial attachment above to the anterior borders of the levator ani muscles. Do not remove the fascia sheath of the levator ani muscle from the muscles. Scar tissue will result from destruction of the muscle fibers, the time being much longer than is necessary for a firm attachment of the muscle sheaths. Lastly, do not turn in skin to be acted upon by this acid secretion of the vagina. It causes a tender state to exist in some cases for months.

DISCUSSION.

Dr. L. Kirby (Harrison): The principle involved in this paper as to the curing of prolapse might include hernia. It is the fascia that holds the parts together. If you can dissect and make a clean dissection so as to unite the fascia, it will undoubtedly work. I don't know that this operation is described in any book. There is something near it, in a measure, in Graves' new work; but not to the extent that this is described. Of course, there is no use of undertaking it unless we understand the anatomy of the parts; but the principle is to make the fascia do the supporting; and the operation that does not do that is not a success.

Dr. T. J. Wood (Little Rock): I would like to ask the essayist a question. What success have you had, if any, in repairing those lesions immediately after childbirth? Is that practical?

Dr. J. P. Runyan (Little Rock): This is a paper that I think should be very widely discussed. Either we are getting perfect results from this operation or some other operation, or we are not. Now, if we are not getting perfect results from an operation, and some other operation is proposed that offers better results, then the rest of us ought to get busy and fall in line.

Now, I will say this: that up until the time that Dr. Kirby and I went into partnership some two years ago, I was very much pleased with my operation for lacerated perineum, the operation that is being done probably by more surgeons than any other operation. And, I think most of the surgeons are continuing to do that operation, the one that I was doing.

There were perfect results in all the cases that I had, in which there was not a distinct tendency to procidentia; but those cases that had even a tendency to procidentia, not having had their condition long enough for the actual procidentia to occur, often were not as successful some few months after the operation. Soon I began to observe Dr. Kirby's procedure.

The operation that Dr. Kirby has devised is an absolutely original and distinct operation. I don't know whether you followed it closely enough to get the steps of the operation. I presume that you did; but, if you didn't, I want you to read this paper and get it, because there is no question in my mind but that it is a distinct advance in the operation for procidentia.

Just as Dr. L. Kirby has brought out, these conditions in which you have rectocele or cystocele, you have exactly the same condition that you have in a hernia anywhere else. It's nothing in the world but a hernia, and the same operation that Dr. Kirby does for any other hernia applies in this. It is to get the fascia at the point where it is separated and bring it together. And, I often use the expression that every country boy is familiar with about how to hold a calf. If you are going to hold a calf and try to keep him still and keep him from running around, you don't give him twenty feet of rope and get out at the end of the rope and have the other end around the calf's horns and attempt to hold him still. He can run around that whole twenty feet practically. Now, that's exactly what happens when you fail to do the operation as outlined by Dr. Kirby; viz, get hold of the fascia first, and correct that. Then you are, so to speak, holding the calf by the horns, and he cannot go very far from you. And that is the whole success of his operation for procidentia and for hernia as well; viz, getting the fascia where it is separated and bringing it together, and then the other part of the operation is just like I have been doing the operation for lacerated perineum and getting the most beautiful results, where I didn't have this distinct separation of my fascia, and having dismal failures in some few months afterward when it had time to give way.

So, I think we should have a free discussion of this, and, if there are any questions that you want to ask, or anything that you do not understand, ask Dr. Kirby to explain it, because, as I say, I believe that it is a distinct advance over anything that I have ever seen in operations of this kind.

Dr. Kirby (in response): Dr. Wood has asked what success is obtained from repairing lesions immediately after child birth. There is a certain per cent of these cases, as you know, that are repaired immediately, and good results are obtained. That applies especially to tears of the perineum and the structures low down. There frequently will be a tear of the fascial element of the pelvis without a tear of the mucous membrane, in which case it is not detected, and naturally there has to be at some future time a correction of it. So that the individual case determines this question that the doctor has asked.

Again, there is a possibility of so much bruising of the tissues from the laceration that occurs in the tissues of the perineum that certain men have suggested that it be done in six to eight to ten days, when the sloughing has been thrown off and healthy granulation tissue has been formed. This period of time will not allow of a retraction of the tissues, and very good results are obtained at this time. So that there are those who are doing the operation immediately, and others who are withholding eight to ten days. It does not apply in any way to fascial separation, where there is frequently no tear in the mucous membrane, to show you that it has actually occurred.

Now, removal of the uterus has frequently been done in these cases of prolapse and the hernia or the prolapse of the vagina still exist. If it were not true that the fascia supports these structures, we would

not be getting the good results in these cases where the uterus has been removed and the vagina and the bladder still comes out to the cervix, or in what is termed a hernia. So that we know, from the fact that we are getting results, that we must be doing something that is supportive, and we are doing it in a manner that has been described in this operation. The fascial supports of the body and the bony support of the body are the things that hold it together. The same thing will apply to this region as it will to any other region of the body.

SOME OBSERVATIONS ON PELLAGRA.*

By D. A. Pelton, M. D.,
Forrest City.

I believe it is now pretty generally conceded that pellagra is caused by errors in diet, and that it can be cured by a return to a properly balanced ration, yet there are many things in the study of this mysterious disease that require further elucidation. It is to throw a little light, if possible, on some of these questions that this paper has been prepared.

The case that first started me in this line of investigation was one that occurred in 1916. This case was a girl about seventeen years old, well developed, with a good color, plump, and exceptionally well nourished to all appearances, but with a typical case of pellagra. The balance of the family were perfectly well, and none of them even later showed any evidence of the disease. This was an exceptionally intelligent family, the mother being a fine cook, well to do, and having to all appearance a perfectly balanced ration. If this is a diet-caused disease, why, then, should this girl alone, in such surroundings, develop this disease? After a careful investigation, I found that the only thing wherein her diet differed from that of all the rest of the family was in the eating of an excessive amount of *sweets*. Her mother told me that she ate molasses at almost every meal, that she would eat sugar from the sugar bowl between meals, would make cakes very often and eat the larger part herself.

She recovered from this attack, was married and went to her own home, and shortly again developed the disease. This was in the year 1917. She recovered from this attack also and promised to refrain from the excessive use of sweets. But again in 1918 the temptation seemingly was too great, and she

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

brought it on again. This time she nearly died and was in bed for a number of months before she began to improve, but finally entirely recovered. Since this time she has practically eliminated the sweets from her diet and has had no return of her pellagra.

During the years 1916, 1917 and 1918, I had a large number of these cases. Most of them belonged to an ignorant class, poor and having a diet very low in proteins, which they supplemented with great amounts of a very cheap molasses.

In one case I was able to predict the disease in a negro, whom I was treating for a broken leg, over a month before the disease made its appearance. Several of these cases were so poor that they could not buy medicines or a suitable diet, but I was able to interest kind neighbors, who had cows and furnished them with milk, which they supplemented by killing rabbits and squirrels, that they might have fresh meat which they were unable to buy. A number of these cases had practically no medicine at all. They have all recovered with no recurrences to date and seemed to do quite as well on a corrected diet with no medicine as when they had it.

It has long been held by many that a diet too low in proteids would cause this disease. This has been so generally accepted, that I shall not discuss it here. But what has the excessive amounts of sweets to do in the causation of pellagra? You will recall that in one case, and there were others, the ration was balanced, with the single exception of the excessive sweets.

Now, to go back to our physiology, we know that the proteid digestion begun in the stomach is completed in the small intestine; that the stomach contents, intensely acid, are quickly rendered alkaline when passed on into the small intestine, and continue alkaline throughout the passage through the remainder of the alimentary tract. So all the *intestinal* digestion must take place in an *alkaline medium*.

When an excess of sweets are ingested, such an excess as cannot be assimilated, they undergo a fermentation and decomposition in the intestines. The fermentation of carbohydrates is accompanied by the formation of alcohol which is further decomposed, carbonic acid gas, lactic, acetic and other organic acids, and the intestinal contents are thereby rendered *acid*, and the further digestion of

proteids in the small intestine must cease. Now, it makes no difference in the economy of nature whether an insufficient amount of proteid is ingested or, if ingested, cannot be assimilated, from any cause; the result is exactly the same—*proteid starvation*. But I believe there is added a certain toxemia, the result of the decomposition in the intestinal tract and absorption of these products.

If it is a fact that the intestinal contents are rendered acid by the decomposition of these saccharids, then the feces should be rendered acid as well. It should be borne in mind that they are normally alkaline. I have had the opportunity this year to study two cases giving a similar dietetic history, and have found that the feces were acid, and continued so until the bowels had been thoroughly cleaned out and the error in diet corrected.

At what point in the intestinal tract the contents become acid in these conditions, I have no means of determining. I trust that someone with laboratory facilities will take this very interesting study up, and be able also to determine the exact nature of the various decompositions and their varied end products. I shall be very glad to have the members of this association, who feel so inclined to study this matter, get the reaction of the feces at the beginning of treatment and during the progress of the disease and see if in case of relapse the feces have not again become acid. I shall be very thankful for letters from any who make these studies, whether their findings agree with mine or not. If mine are but coincidences I certainly wish to be corrected.

DISCUSSION.

Dr. S. J. McGraw (El Dorado): I have noticed the morbid appetite for molasses in several pellagra cases. Whether that is due to the pellagra or is the cause of it, I don't know. We know that disease produces a morbid appetite for various things, and I have noticed this appetite for molasses in a number of cases. Whether the pellagra existed then or not, I don't know, but I believe it does exist in many cases that do not show the skin eruptions.

Dr. E. E. Barlow (Dermott): I think this is too important a subject to let go undiscussed. My experience has been just the opposite of that of the doctor. When Goldberg first gave out his dietary book, I used that for about one year. I tried that out as he recommended, and I must say that I never got any results whatever. Then I began treating these cases with sodium cacodylate and salvarsan.

I find a great many of the cases that I see are bedridden when I see them. They can't take food. You can hardly force feeding. And, I have seen those

extremely bad cases respond to sodium cacodylate, by commencing with a three-grain dose and increasing it up to as much as forty grains intravenously, daily, watching the urine to see that you get no kidney complication. I think that diet does these cases good, a well-balanced diet, as it does in tuberculosis or any other wasting disease. But, I don't think there is anything curative about it.

I have been keeping a record of a number of cases for four years, and I don't know when to call a case of pellagra cured. I have several that, to all appearances, are cured, which, if they are cured, have been due to the salvarsan or sodium cacodylate.

I believe this condition is an infection. The cases in town that I have are all outside the sewage district. I haven't a single case, and haven't had, that lived in the sections that have sewer connections, which makes me believe further that it is of an infective type. If we have got to treat these cases of pellagra, we should get them early, when they come to you suffering with nothing except digestive disturbances. That is when the most good can be done. Those cases in which the diagnosis is made early respond almost to a patient by large doses of sodium cacodylate.

Dr. Pelton (in response): I want to thank the gentlemen for their discussion of the paper. I did not expect an unanimous agreement with me. In fact, it is not good for a paper, it is not good for the writer, to have an unanimous agreement. We don't think so much when we are agreed with too strong.

But, I didn't in this paper make a statistic study of fifteen or twenty cases which are covered by it. I thought it might be too tiresome. I merely wished to outline the facts as I had observed them, and to call the attention of the members of the profession to them. Many of them have never thought of it. But, let us make a study of this. It's an easy matter to determine the reaction of the feces, and watch these things, see what condition they are in when we first get the patient, and then watch the progress through the treatment, and make a little study of these cases and see whether our medicines are really accomplishing what we think they are, or whether it is the diet that is doing it.

I have had many cases that have had plenty of money that could come to my office or I could go to their home and use the sodium cacodylate. I have used it. I felt for a long time that I was getting magnificent results from it, and I felt very proud of it myself. Then I had other cases where they were too poor to pay for the medicine. They were too poor to even afford a little old horse and buggy to come to my office, where I would be glad to give it to them for nothing. I had to get along with them the best that I could, and very much to my surprise, I began to find, when I changed their diet as I have indicated, they seemed to get along just as well as when I gave them plenty of medicine, a thing that began to shake my confidence very much in my professional ability in the treatment of pellagra.

DISFIGURED SOLDIERS TO BE AIDED.

An American hospital is to be opened in Paris by the Red Cross especially for the treatment of soldiers disfigured by face wounds received in action during the world war. The establishment of the hospital was made possible by the donation to the American Red Cross of a fund totaling \$32,742.95.

The gift was made by the American National Committee for the foundation of a special American hospital in Paris for wounds of the face and jaw. The coöperation of one of the foremost French face and jaw surgeons has already been obtained.

TUBERCULOSIS PREVALENT IN ALBANIA.

Ninety per cent of the sick people of the country are victims of some form of tuberculosis, despite their open-air life in the mountainous regions, Miss Viola Nehr of Ripon, Wis., writes from Tirin, Albania.

Every health hazard known is to be found in the country, she reports. The houses are seldom filled with fresh air or sunshine, and families of seven and eight live in one or two rooms, usually with one tiny window and an earthen floor.

The majority of the sick cases which came to the Red Cross clinics were caused by tuberculosis and malnutrition. Food is needed even more than medicine. The underlying effort of the work is to train the people to become independent, and representatives urged that trained workers may be kept there until the people are able to care for their poor and ignorant.

WOMAN DOCTORS IN THE BALKANS.

Woman doctors have saved many lives in the Balkans. Since jealousy of the male will not permit his wife to be examined by a male doctor, women doctors were placed in the clinics of the American Red Cross, and because they were women skilled in medical science they have saved many of their foreign sisters.

The insane jealousy of the East is retarding in many ways the health campaign of the Red Cross. It is responsible for the unsanitary architecture, with its distinguishing features of cloistered, ill-ventilated houses and latticed windows. It clothes half its adult population in disease-breeding veils.

American health sermons, therefore, fall on barren soil because of these deep-rooted customs. The essential of public medical work is to discover disease and treat it, but here jealousy will not permit the final step. "As far as is practicable, woman doctors only will be sent to Mohammedan Macedonia," Lieut. Edward Hume, director of the American Red Cross in Serbia, has written.

THE JOURNAL

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

DR. C. P. MERIWETHER.

In the death of Dr. Clinton P. Meriwether, which occurred at his home in Little Rock on Sunday, November 2, the profession has lost one of its most distinguished members and the State and City of Little Rock one of the most useful citizens.

Dr. Meriwether was a native Arkansan, born in Batesville forty-seven years ago, De-

cember 23, 1871, the youngest son of Mr. and Mrs. William Douglas Meriwether. He was graduated at St. Vincent's College, Cape Girardeau, Mo., in the literary course; and received his M. D. degrees at Washington University, St. Louis, when only twenty-one years of age. He practiced his profession at Walnut Ridge for several years, and while resid-



DR. C. P. MERIWETHER

ing there married Miss Myrtle Sharum, only daughter of T. J. Sharum of that place. It was while residing there that he became affected with the disease to which, in spite of all the attention he received, he finally succumbed, after a noble fight lasting in all over some fifteen years. He removed to Tucson, Ariz., in search of health, and after a few years, apparently restored to health, he returned to his native state, settling in Little Rock twelve years ago.

Dr. Meriwether was not content merely to pursue the duties of a physician, but was always ready and willing to tender his services to his country and state. Before he went to Arizona he was one of the surgeons in the First Arkansas, A. N. G., during the Spanish-

American war. In the recent world war, although in ill health, he offered his services for overseas work in the Medical Corps. He was rejected because unable to pass the physical examination, but patriotically determined to do what he could. He was given charge of the medical examinations for the selective draft, remained in the service fourteen months, and was promoted to the rank of major.

Meanwhile he had long been an active member and officer of the Arkansas Medical Society, filling the office of the secretary for ten years, holding the office at his death, and dying "in harness." He was one of the founders of the Arkansas Tuberculosis Sanatorium, and secretary of the Board of Trustees of that institution at Booneville. In spite of the demand upon his time by his several activities in addition to his practice, he devoted leisure hours to social and fraternal relations, being a member of the Elks, Knights of Pythias, and the Country Club of Little Rock. In his home life he was affectionate and indulgent, an ideal husband and father, and his loss is deeply mourned by his widow and his two daughters, Mrs. Robert Foster Garing of New Orleans and Mrs. James Arthur Code of Pensacola, Fla.

To those bereaved, loved and loving ones words cannot adequately express our sympathy, neither can words nor sympathy assuage their grief. Our faith promises us in death a glorious resurrection and happy reunion in a future state where sorrow and partings are no more. Religion and philosophy alike tell us that death is the common lot of all and that, indeed, death is but the gate of life. We may ask with Euripides, "Who knows that 'tis not life which we call death, and death our life on earth?" But, pretend as we may, neither religion nor philosophy have for the bereaved immediate consolation. They fail to dull the pain of the terrifying severance of those ties which bind loving hearts together. They cannot bring back the familiar footstep, the kiss of love, the kindly smile, the merry laugh, and those are what we miss daily in our waking hours and dream they are with us as we sleep, only to awaken with grief renewed because 'twas but a dream. And so, words of condolence fail in their kindly purpose. Time alone, with healing on its wings can bring sureease or alleviation of that grief in its first poignancy, and it is well that it is

so; else, since death is the inevitable concomitant of life, this world would be one of universal sorrow. And yet, when one has so lived that when the summons comes he may say, "I must sleep now," when he is beloved of men, when he has done all his duty to his fellow-men, when he is mourned by the community as one who has made this world a better place in which to live, there is a certain meed of consolation to the bereaved in the blessed heritage of an unclouded name, a memory which men delight to honor, and such is the heritage left behind by the subject of this sincere, though halting and inadequate tribute.

In Dr. Meriwether's death, the editor of *The Journal* has sustained a personal loss which could be scarcely less poignant even had ties of blood existed. Associated officially with him for several years in the affairs of the Arkansas Medical Society, a close tie of friendship had resulted which will remain a tender memory while life endures. To have known him, to have had the privilege of calling him friend, has made life more worth while, and it is the last privilege of the long friendship and companionship to pay this tribute to his virtues:

"Life's race well run,
Life's work well done,
Life's crown well won;
Now comes rest."

THE JOURNAL.

Borrowing the time-worn phraseology of the professional town booster, "we point with pride" to *The Journal* of the Arkansas Medical Society, at the same time asking for a continuance of coöperation which will make permanent its present standard, or better still, improve upon it. The October issue of *The Journal* carried twenty-five pages of advertising, representing a grand total of eighty-one advertisers—a very good showing and one which indicates its standing as an advertising medium.

The issue contained twenty-one pages of live reading matter, including five original articles by Arkansas physicians, two pages of editorials, one abstract from an original paper, an article on propaganda for reform, correspondence, news concerning our county medical society meetings in the state, new and nonofficial remedies, and some book reviews

of current medical works. Altogether The Journal represents an up-to-date medical journal—if we do say it ourselves.

But a word to our members: *Don't forget that it is your journal; not the editor's.*

Every member of the Arkansas Medical Society has a direct and personal interest in the success of The Journal. We may add that every member has a material interest in it; for, without the advertising support given The Journal, the dues would have to be three times as much as they are, or else publication would have to be suspended—and we believe no member desires that. Therefore, it is up to the members to see that the standard of The Journal is maintained so that the advertising patronage will increase as the days go by.

How may each member keep up this standard?

The best way, when writing to advertisers, especially when ordering anything advertised in The Journal, is never to fail to add a line, stating that you saw the advertisement in The Journal. The advertiser wants action, and he will stop advertising in the medium to which he fails to directly trace results. The shrewd advertiser so keys his "ads" that he can tell from the answer what medium contained it. But it is only the big national advertisers, employing professional men, who have this system down to a fine point. The others have absolutely no means of telling what advertising medium brings results, unless the letter ordering the articles advertised tells where the writer saw it. So that our members are not only urged to patronize Journal advertisers, but to tell them about it. Unless they do that, The Journal does not get the credit, and when the advertiser does not get results he will probably refuse to renew at the expiration of his contract. We want to keep all the advertisers we have and get more. The more we get, the more The Journal will be improved.

Tell the advertiser to whom you write, where you saw his "ad" and you will help The Journal and the Arkansas Medical Society, of which every member is one unit.

KEEPING VITAL STATISTICS.

Arkansas should be included in the registration area in vital statistics. The fact that it is not included is the fault of Arkansas alone. The State Board of Health is now

making efforts to have it included. To be included it is necessary that 90 per cent of all births and deaths be officially recorded. An agent has been working up sentiment in the various counties and several county judges have promised assistance to the extent of promising to pay the cost of recording. From some counties in the state the Bureau of Vital Statistics receives no report of births. But no county, including Pulaski, the largest in the state, and the county containing the seat of the government, makes complete birth and death reports. And so far as the material interests of the state are concerned, it may be questioned whether mere partial reports are not more detrimental than no report at all. The law requires that births be reported, but it is not enforced as it should be. The result is that in 1918, in this county, the wealthiest and most populous in the state, more deaths than births were recorded. The deaths are more accurately recorded because the undertaker having charge of dead bodies must needs have burial certificates. But evidently very many births are not recorded.

In the olden days Arkansas acquired a reputation of being an unhealthy state, the home of malaria and "shaking ague." The reputation was never deserved in full because it originated from the swamps and was exploited by alleged humorous writers more intent on raising a smile than of writing fact. But you know the old adage, "Give a dog a bad name," etc.

There are those who have never visited our state who still believe Arkansas to be unhealthy; but Arkansas is coming into her own slowly. Old prejudices are giving way and there has been a wonderful influx of population and capital in the last few years; the prospective immigrant is likely first to ask about the health conditions. Suppose such a person reads the statistics showing a death rate larger than birth rate in the largest and most populous county of the state. The stranger does not know the statistics are incomplete. He takes them at face value and the incomplete vital statistics can only impress upon him that the conditions are unhealthy and residence here undesirable. Leaving out the deaths at Camp Pike and of nonresidents at hospitals, the deaths reported last year numbered 2,256 and the births only 1,826. This means a most terrible showing and it is due to the negligence of physicians in failing to report births. The law requires it, but the

penalty for failure is never invoked. Under the English law, failure to report births comes under the head of concealment of birth and is not merely a misdemeanor punishable by a small fine. The result is that reliable statistics are available.

New York statistics will give one the exact number of children who died under one year or under five years old, of what disease they died, how many people were killed by automobiles, by railroad trains, by accidents of all kinds, by homicide, suicide, by disease, and the nature of such diseases, and these statistics are of the utmost importance. If there were undue preponderance of any communicable disease or even of noncontagious malady, the fact is shown and means are available to investigate the cause of such preponderance and how to check it.

The statistics showing the heavy fatalities by reckless driving brought the facts before the people so that a state drivers' license law was enacted which removed the menace of reckless, drunken, drug-addicted and other unfit persons from operating motor vehicles. It would take a whole chapter to recount all the advantages from every viewpoint, of keeping accurate vital statistics and of the state being within the United States registration area. The same is true of the disadvantages of not being within the area.

It is frequently imperative to prove date of birth. It may be in the matter of military service, of proving heirship, of obtaining pensions, of establishing the validity of a signature, or for a score of other reasons. In Arkansas one might have a hard time establishing date of birth. It is of equal importance that death statistics be accurately kept. The health of the public depends largely upon it. Therefore, physicians, instead of neglecting the report, as many do, should be insistent upon a strict enforcement of the law governing vital statistics.

Abstracts.

MALARIA.

Bruce Mayne, Memphis, Tenn. (Journal A. M. A., October 11, 1919), offers a formula for the treatment of chronic malaria which is commented on by H. R. Carter, Baltimore. He remarks on the difficulties of obtaining any standardized treatment, and the insufficiency of methods employed. Mayne says: "One must realize at the outset that the ideal formu-

la must provide: (1) for the relief of the patient—the elimination of clinical symptoms; (2) for the destruction of the plasmodia in the peripheral circulation tending toward the prevention of the formation of sexual parasites; (3) for the prevention of the production of quinin-inaccessible parasites (so-called resistant or quinin-fast forms), and (4) for the effectual inhibition of the recurrence of clinical symptoms accompanying relapse with the reinvasion of sexual parasites." The course of treatment proposed covers 75 days and the administration of 800 grains of quinin bisulphate in a geometric progression consisting of four courses of 200 grains each. The plan is illustrated by a chart. Analyzed, it consists of 40 grains daily for five days, given in four 10-grain doses. After this there should be no severe paroxysms, no chills, and only young rings and mature gametocytes in the blood. The patient should probably be out of bed after this, and apparently normal. Twenty grains given daily for ten days is the second course. The third course consists of 10 grains for twenty days, and Fowler's solution or other tonic may be prescribed if indicated. Only gametocytes should be now revealed by the microscope and the patient should be able to resume normal activities. The fourth course is of 5 grains each day for forty days with a tonic accompaniment if necessary. After this a continuance of treatment should be urged for two weeks or more, especially in the milder types. These courses are only practical with a patient under control, as in military service. In his remarks, Dr. Carter, assistant surgeon general of the Public Health Service, says that the usual insufficient treatment is realized by physicians in the Mississippi Delta. The treatment is discontinued when the active symptoms disappear and the patient feels better, but the undermining of efficiency is incalculable. A standard method of treatment with heavy dosage in the beginning of an acute attack, and continuation after the disappearance of symptoms is, in Carter's judgment, the method to be followed. He would not advise general publication of the method, because there may be other better ones, and it lacks the support of sufficient direct observation. While in agreement with the basic plan of the formula and in general agreement with its detail, he does not deem it advisable for the Public Health Service to go on record as indorsing it, until we have more

absolute knowledge of its effects in comparison with other methods.

Personals and News Items.

Dr. H. O. Walker of Newport visited in Little Rock last month.

Physicians' fees have advanced from 10 to 50 per cent in many communities.

Dr. Robert Caldwell, Dr. M. D. Ogden and Dr. W. A. Snodgrass of Little Rock, Dr. M. V. Laws of Hot Springs, and Dr. J. S. Foltz of Fort Smith have returned from New York.

Dr. Charles McRae Morgan, formerly of Camden, has moved to Little Rock. Dr. Morgan is a son of the late Col. Asa Morgan and a nephew of Hon. T. C. McRae.

Paregoric is exempt under the provisions of the Harrison law. The U. S. Circuit Court, in the case of the United States vs. Oliver, held that paregoric is exempt only when legitimately used as a medicine, and that prescribing or dispensing it to satisfy the cravings of a drug addict is a violation of the law. It is, therefore, wise for physicians to prescribe paregoric only in cases in which they will be able to justify its use if called on to do so. A physician is not required to keep a record of such prescriptions, but the druggist filling them must do so.—Journal A. M. A.

In addition to those mentioned in previous issues of The Journal, the following Arkansas physicians have recently received their honorable discharges from the Medical Corps, United States Army, from service in this country and abroad, and have resumed their practice in their respective homes: E. F. Day, Arkansas City; F. W. Landrum, Driggs; H. M. Strachan, Hot Springs; I. S. Butler, Marshall; E. Darnall, Widener; H. E. Mobley, S. C. Runnels, Little Rock; S. E. Smith, Banks; T. J. Pool, Danville; J. T. Matthews, Heber Springs; J. W. Seales, Pine Bluff; R. R. Dale, Texarkana; W. M. Majors, Walcott; E. P. Bledsoe, E. O. Day, H. L. Gardiner and A. L. Jobe, Little Rock; S. A. Drennan, Rush; A. A. Blair, Scranton.

A medical director is being sent to Santa Domingo by the American Red Cross to take charge of a hospital there, and to make a study of the general health conditions on the islands. An appropriation of \$10,000 has been made by the American Red Cross to cover the expense.

Commander Hayden, U. S. N., who has been in charge of the hospital, reports that throughout the island disease is prevalent and hospital facilities are inadequate. There have been but three graduate nurses in the republic, although the training school has been opened.

The military government plans to establish a chain of free dispensaries. It is possible that the Red Cross will assist further in the future toward raising health standards.

"The time is approaching when the annual election of officers for the local societies takes place. Let me beg of you to elect men who will work faithfully to make your society strong. Then let us all go after every man in the county who is eligible and get him into the fold.

"Unless the medical profession does awaken and proceed rapidly to develop a strong and aggressive spirit, it is going to very shortly find itself buffeting very rough seas.

"No better way to begin can be thought of than to elect strong officers and increase our membership to its full strength, which means every physician of good standing in the state. Then work industriously not only to increase our scientific attainments, and so our value as physicians, but as well, to guard our rights.

"We must develop some business ability as well as scientific acumen."

A NATION WITH ONLY FOUR PHYSICIANS.

One doctor for every hundred thousand people. That, in brief, is the situation which the American Red Cross unit found in Albania. Four men with a medical school education for a population of four hundred thousand. And these practice only in the cities, the outlying country and mountain districts having no medical attention of any kind.

Drugs, except a few of the very simplest, were very scarce, and were sold over the counter at the corner grocery. The merchants simply carried them as a side line, since there was so little demand. The fact that so few were obtainable constituted the only insurance against being poisoned.

The people have no knowledge whatever of modern medicine, and prefer, as a rule, to suffer and die rather than to submit to medical treatment. Their ignorance and fatalism

were the greatest difficulties that beset the Red Cross workers in their efforts to relieve the distress and sickness that years of almost continuous warfare have brought upon the country. It has been necessary to educate them to confidence in the efficacy of medical treatment, and to prove to them that medicine is a profession rather than a mereantile occupation. This has been difficult, for when the Red Cross hospitals and dispensaries were opened, only a few availed themselves of the medical privileges. Gradually, however, as they saw the results they gained confidence and they are now, for the most part, thoroughly convinced of the efficacy of the American methods of treatment.

In spite of the outdoor life of the mountaineers, it is estimated that 90 per cent of the country's sick are victims of some form of tuberculosis. Unsanitary living conditions are the cause. Fresh air and sunshine are seldom admitted to native homes, where families of seven or eight live in one or two rooms with floors of beaten earth and one tiny window, usually hermetically sealed.

Malnutrition, due to the scarcity of food caused by the war, has also caused a great many disorders, and malaria, skin diseases and rheumatism are extremely prevalent.

The growing confidence of these ignorant mountaineers is shown by the way in which they have flocked down from their upland valleys to the hospitals and dispensaries. A man with pneumonia rode four miles over the rough hills with a friend walking beside him to hold him on his horse, to fall exhausted at the door of the dispensary in Tirana. A woman in the last stages of tuberculosis was carried ten miles down over steep mountain roads in a huge brass kettle, slung between poles.

"My plea for Albania," says Miss Viola Nohr of Ripon, Wis., in the report of her investigations for the Red Cross, "is that the Red Cross will see fit to keep trained workers here until the time comes when the natives themselves will be able to minister to their poor and ignorant."

New and Nonofficial Remedies.

SOY BEAN GRUEL FLOUR.—A flour prepared from the soy bean, having approximately the following composition: Protein, 44; fat, 20; suerose, 10; ash, 4.3; fiber, 2; water, 4.6. Soy bean gruel flour may be used for preparing muffins. It is indicated in cases in which a

diet relatively free from carbohydrates is desired, as in diabetes, amylaceous dyspepsia, etc. It has also been suggested for the diet in obesity. Cereo Company, Tappan, N. J. (Journal A. M. A., October 18, 1919, p. 1215).

ANTISTREPTOCOCCIC SERUM (GILLILAND).—The serum of horses which have been immunized with virulent strains of hemolytic streptococci. Each package bears the statement, "No U. S. standard of potency." Marketed in 10-cc. syringes, 20-cc. injecting packages and 50-cc. injecting packages. Dose, 10 to 200 cc. (See New and Nonofficial Remedies, 1919, p. 272.) Gilliland Laboratories, Ambler, Pa. (Journal A. M. A., October 25, 1919, p. 1287).

TYPHOID PARATYPHOID BACTERIAL VACCINE, IMMUNIZING (GILLILAND).—Marketed in packages of three 1-cc. ampules, one containing 250 million each killed paratyphoid A and B and 500 million killed typhoid bacilli, and two containing 500 million each killed paratyphoid A and B and 1,000 million killed typhoid bacilli, and in packages of three 1-cc. syringes, one containing 250 million each killed paratyphoid A and B and 500 million killed typhoid bacilli, and two containing 500 million each killed paratyphoid A and B and 1,000 million killed typhoid bacilli. Gilliland Laboratories, Ambler, Pa. (Journal A. M. A., October 11, 1919, p. 1137).

HIRATHIOL.—An aqueous solution of a synthetic product, the important medicinal constituents of which are ammonium compounds containing sulphur in the form of sulphonates, sulphones and sulphides. It is claimed that hirathiol is equivalent in every respect to the original ichthyol; hence, its actions, uses and dosage should be similar to that of the older preparation (see Sulphoichthyolate Preparations, New and Nonofficial Remedies, 1919, p. 319). Hirathiol is a syrup, brownish-black liquid, having a characteristic empyreumatic odor. It is soluble in water, glycerin and alcohol. It is miscible with fats. Takamine Laboratory, Inc., Clifton, N. J.

Propaganda for Reform.

P. PRESTO COMPANY.—This company, also known as "The Presto Manufacturing Company" and "The Presto Company," was a mail order concern operated from Albany, Ore., by one Edward F. Lee. Lee is now in

the penitentiary, and the Presto Company has been debarred from the U. S. mails. Lee's business was that of selling on the mail order plan what he termed his "New Method Treatment for Sexual Weakness and Varicocele in Men" (Journal A. M. A., October 25, 1919, p. 1302).

ANASARCIN ADVERTISING.—Dr. Louis Heitzman reports that charts and part of the text of a book by him is being used as advertising by the Anasarcin Company, and that his publishers think that, in spite of the violation of copyright, nothing can be done. Knowing the standards of ethics the Anasarcin Company adopts in the exploitation of its ridiculous squill mixture "Anasarcin," the appropriation of copyrighted material is not surprising. However, something *can* be done by those who hold the copyright (Journal A. M. A., October 18, 1919, p. 1232).

AN INSIDIOUS INFLUENCE.—A knock at the door. A gentleman with a grip full of samples and literature is ushered in. After a pleasant chat in which you are "informed" about the action of the particular remedies in which he is interested, he leaves you samples and departs. You turn to New and Nonofficial Remedies and find no mention of his remedy. Why? Because the Council on Pharmacy and Chemistry of our national organization has investigated the article and found sound reason why it should not be used by the profession, or else the manufacturer did not deem it advisable even to submit the article (Minnesota Medicine, September, 1919, p. 355).

THE WILLIAM A. WEBSTER COMPANY AND THE DIRECT PHARMACEUTICAL COMPANY.—The Direct Pharmaceutical Company of St. Louis is apparently merely a sales agency for the William A. Webster Company of Memphis, Tenn. In government bulletins issued in October, 1913, there were reported some cases of adulteration and misbranding on the part of the William A. Webster Company. In a similar bulletin issued in August, 1914, there were reported several more cases of adulteration and misbranding charged against the William A. Webster Company. In a government bulletin issued in June, 1917, the same company was charged with adulterating and misbranding aspirin tablets (Journal A. M. A., October 18, 1919, p. 1231).

A PHARMACEUTICAL CLEARING HOUSE.—The Council on Pharmacy and Chemistry of the American Medical Association is carrying on a work of great usefulness to doctor and layman. Actuated by no selfish interests, condemned by designing sharks who wish to exploit their frauds, and ridiculed by the jealous manufacturers of pharmaceuticals, the Council pursues the even tenor of its labors, playing no favorites, exposing frauds wherever found, and awaiting not the stamp of approval, of praise, or of gratitude from any one. This "clearing house" is the medium through which physicians may learn the unvarnished, straightforward truths about proprietary products. A plea of ignorance of proprietary articles used does not excuse the physician, since it is his duty to follow the course of instruction offered by the Council and to appeal to this clearing house for information (Southern Medical Journal, September, 1919, p. 581).

AN UNCRITICAL ENGLISH INDORSEMENT OF COLLOSOLS.—Under the auspices of the English Association for the Advancement of Science, there has appeared a report on the present status of colloidal chemistry. A chapter on the "Administration of Colloids in Disease" is devoted largely to the "Collosols," proprietary preparations made by the Crookes Laboratory. In it, the advertising "literature" of the Crookes concern appears to have been considered ample source of information. In the United States the medical profession has been informed by the Council on Pharmacy and Chemistry that a number of the "Collosol" preparations were not colloids at all, and "if * * * injected intravenously as directed, death might result, making the physician morally, if not legally, liable." The Council also reported that in cases in which the therapeutic claims were examined, the claims were improbable or exaggerated, and that "Collosol Cocain" did not contain the claimed amount of cocain (Journal A. M. A., October 18, 1919, p. 1218).

FORMALDEHYDE TABLETS.—During the recent influenza epidemic a variety of tablets or lozenges were advertised which were claimed to owe their asserted value to the fact that they contained formaldehyde and liberated it on contact with the saliva. Tablets containing hexamethylenamine or other formaldehyde compounds can neither cure respira-

tory infection, nor even confer a protection against such infection. To be effective, formaldehyde would need to be supplied to the entire respiratory tract continuously for some time, or else in concentrations that would be distinctly irritant and damaging to the tissues. Some years ago the Council reported on the inefficiency of Formamint, which was said to be an efficient germicide by virtue of the liberation of formaldehyde on contact with the saliva. To call attention to the inefficiency of this form of medication, the Council on Pharmacy and Chemistry now reports that the following were found inadmissible to New and Nonofficial Remedies: Hex-Iodin (Daggett & Miller Company, Inc.), Formotol Tablets (E. L. Patch Company), and Cin-U-Form Lozenges (McKesson & Robbins) (Journal A. M. A., October 4, 1919, p. 1077).

SOLUBILITY OF INTESTINAL IPECAC PREPARATIONS.—T. Sollman reports that in the administration of ipecac preparations against intestinal amebas, salol coated pills are not always satisfactory, although with due care it appears quite feasible. He reports that emetin bismuth iodid, which is described in New and Nonofficial Remedies, is only slightly soluble in water and dilute acid, but dissolves quite freely in 1 per cent sodium bicarbonate solution. It is somewhat soluble in the stomach and produces some digestive disturbances. Alcresta ipecac, an absorption product of ipecac and fuller's earth, though sold with the claim that the alkaloids are "physiologically inert as long as they remain within the stomach, and are rendered active when set free in the alkaline media of the intestine," was found by Sollmann not to be decomposed with liberation of alkaloid by solutions having the alkalinity of the intestinal fluid. Ordinarily, it would not be expected that a substance which is quite insoluble in the intestines should still be effective on amebas. The findings of Sollmann demand a careful examination of the clinical evidence on which the use of alcresta ipecac is based (Journal A. M. A., October 11, 1919, p. 1125).

MORE MISBRANDED NOSTRUMS.—Rubino Healing Springs Lithia Water was found misbranded under the Federal Food and Drugs Act, because it did not contain enough lithia to entitle it to the name "lithia water," and because of false claims as to its therapeutic value. Lower's Hot Springs Pure Blood

Remedy was declared misbranded, because it was falsely represented to be a treatment or remedy for syphilis, paralysis, catarrh, eczema, malaria, and other diseases. Analysis showed it to be a weak alcoholic solution containing sugars, small amounts of chlorides, iodids and sulphates (probably as the sodium salt), and vegetable extractives, among which are podophyllin and an atropin-bearing drug. Kuhn's Rheumatic Specific was declared misbranded, because it was sold as a cure for all forms of rheumatism, neuralgia, blood diseases, lumbago, etc. It was found to be a water-alcohol solution containing essentially potassium iodid, iodine and sugar, with indications of small amounts of plant material and aromatics. Schade's Specific and Female Regulator was declared misbranded, because the therapeutic claims for this "female regulator" were found false. It was a water-alcohol solution containing chiefly sugar, aromatics, essential oils, licorice and bitter plant extractives (Journal A. M. A., October 11, 1919, p. 1151).

THE PATENTING OF NEW THERAPEUTIC AGENTS.—Enterprising pharmaceutical manufacturers have usually been ready to appropriate the results of scientific research by investigators or therapeutic measures suggested by practicing physicians. Not infrequently, in such cases, the desire for financial gain has caused the marketing of such products with extravagant, if not false, claims as to their value. Therefore, though it is unethical for physicians to receive remuneration from patents on medicines or instruments, it is important that new therapeutic agents discovered in our research institutions be protected by patenting them and thus to so control them that they may be available without subordination to commercial interests. In 1914 the House of Delegates of the American Medical Association passed a resolution to the effect that the Board of Trustees of the Association should accept at its discretion a patent on a medicine or surgical instrument, as trustee, for the benefit of the profession and the public, provided that neither the Association nor the patentee should receive remuneration for this patent. The Rockefeller Institute for Medical Research has solved the problem in a similar manner. Certain products discovered there have been patented. It is proposed to permit the manufacture of such discoveries under license by suitable chemical firms and

under conditions which will insure the quality of the drugs and their marketing at reasonable prices. It is further announced that the institute will not receive any royalties or pecuniary benefits from the licenses it issues (Journal A. M. A., October 18, 1919, p. 1219).

Obituary.

DR. MICHAEL B. CORRIGAN.—Dr. Michael B. Corrigan of Monticello died October 24, 1919, from nephritis. Aged 65.

Dr. Corrigan graduated in 1871 from Queen's College, Dublin, Ireland. He was county health officer and president of the Drew County Medical Society.

DR. ALGERNON S. GARNETT.—Dr. Algernon S. Garnett of Hot Springs died October 30, 1919. Aged 90.

"The lone survivor of the Merrimac crew is a distinction that was often applied to Dr. Garnett. During the Civil War he was on board the Merrimac when the historic battle between that vessel and the Monitor took place.

He was born in Westmoreland County, Virginia. Immediately following the Civil War he came to Hot Springs and formed a partnership with Dr. Charles C. Greenway. After the death of Dr. Greenway a partnership was formed by Dr. Garnett with Dr. Gaston A. Hebert, who died several months ago.

Dr. Garnett is survived by his wife, two sons, Evelyn, an attorney in New York, and Will, who is in the lumber business, and a daughter, Mrs. Borken, the latter a resident of Hot Springs.

County Societies.

FRANKLIN COUNTY.

(Reported by Thos. Douglass, M. D., Sec'y.)

The Franklin County Medical Society held one of its best meetings at Branch, October 14. We had a forenoon and afternoon session, and were given an excellent dinner at the Radiant Hotel of Branch by Drs. King, Akin, Hodges and Gammill of Branch. The following resolution was adopted:

"*Resolved*, That hereafter this society shall require as a requisite to membership in it, that each member shall write, and read before the society, if required, a paper once per year on some scientific subject, and these papers shall be the property of this society."

Dr. Weaver said he was in favor of the resolution, although it would put him out of the society in a year.

The fee bill was revised—upward.

The doctors of Branch and Charleston favored our meeting at those places often, to which we were all agreed in view of the cordial welcome always given us over there.

Dr. Williams of Ozark presided. Present: Drs. Akin, King, Gammill, Weaver, Neissl, Northum, Hudson, Bollinger, Williams and Douglass. Drs. Hudson and Northum were elected to membership.

This was a regular "get-together" meeting and we all enjoyed the good fellowship manifested.

Mrs. J. J. Bonner of Beaumont, Tex., and Miss Ruth Riley acted as hostesses at the dinner.

Book Reviews.

A MANUAL OF EXERCISES FOR THE CORRECTION OF SPEECH DISORDERS.—By May Kirk Scripture, B. A., Instructor in Speech, Columbia University, and Eugene Jackson, B. A. Illustrated. Published by F. A. Davis Company, Philadelphia. Price, \$2.00.

The exercises given in this book are suitable for pupils of all ages. It teaches the speech defective how to destroy self-consciousness; how to face problems of life anew; how to concentrate upon one point at a time and to do that manfully and with determination.

AN OUTLINE OF GENITO-URINARY SURGERY.—By George Gilbert Smith, M. D., F. A. C. S., Genito-Urinary Surgeon to Out-patients, Massachusetts General Hospital; Captain Medical Corps, U. S. A. Authority to publish granted by the Surgeon General, U. S. A. Illustrated by H. F. Aitken. Published by W. B. Saunders Company, Philadelphia, 1919.

This book presents the important points in the symptomatology and pathology of genito-urinary diseases. The treatment is given in full in so far as it deals with medicine or with minor surgery.

1918 COLLECTED PAPERS OF THE MAYO CLINIC, Rochester, Minn. Octavo of 1,196 pages, 442 illustrations. Published by W. B. Saunders Company, Philadelphia, 1919. Cloth, \$8.50 net.

Forty-six contributors are presented in this valuable and instructive book of the Mayo Clinic. Dr. Charles H. Mayo writes on: "The

Cancer Problem; Fistula of the Colon; The Principles of Thyroid Surgery; Problems of Infection; and The Treatment of Peptic Ulcer by Gastroenterostomy."

RECONSTRUCTION THERAPY.—By Wm. R. Dunton, Jr., M. D., Assistant Physician at Sheppard & Enoch Pratt Hospital, Maryland. Illustrated. Published by W. B. Saunders Company, Philadelphia, 1919.

This book will prove that reconstruction therapy can be used to restore both the physically and mentally sick to their normal health, and make them once more useful units in a community. The author says, "Every human being should have both physical and mental occupation, that sick minds, sick bodies, sick souls may be healed through occupation."

THE HIGHER ASPECT OF NURSING.—By Gertrude Harding. 12 mo. of 310 pages. Published by W. B. Saunders Company, Philadelphia. Cloth, \$2.00 net.

In presenting this little volume, the author does not want it considered a work of criticism. The purpose is to point out a higher aspect of nursing which she feels is not sufficiently taught in the regular training schools, hoping to inspire those whose moral sensibilities have been blunted, by experience in the midst of temptations, with a higher ideal of their responsibilities and a more exalted standard of life.

TRAINING SCHOOL METHODS FOR INSTITUTIONAL NURSES.—By Charlotte A. Aikens, formerly Director of Sibley Memorial Hospital, Washington, D. C.; formerly Superintendent of Iowa Methodist Hospital, Des Moines, and of Columbia Hospital, Pittsburgh; author of "Hospital Management," "Studies in Ethics for Nurses," etc. 12 mo. of 337 pages. Published by W. B. Saunders Company, Philadelphia, 1919. Cloth, \$2.25 net.

This book should be particularly helpful to the nurse who is assuming the responsibilities of a paid executive in a hospital either as head of a department or instructor of nurses. It is also of practical value to those who desire to offer instruction to nurses that will better fit them to effectively carry the responsibility of supervisors, and to measure up to just expectations in institutional work.

MEMORIAL TO AMERICA IN GREEK PORT.

The town fathers of Kavalla, Greece, are planning a memorial to the Americans and

the plan has met the approval of the Greek government. Kavalla was the center of a typhus infection which threatened to become an epidemic when the American Red Cross immediately joined Greek authorities in wiping out the disease. In this campaign an American doctor, Lieut. J. S. Hodgson of Providence, R. I., contracted the disease, but recovered. Lieut. Edward Walker of New York City also became infected, and died.

It is in gratitude for this aid and in memorium of the death of Lieutenant Walker that the monument is to be erected.

REGISTERED CATTLE AND REGISTERED BABIES.

Horse and cattle breeders owning "blooded" stock do not fail to have their animals "registered." It adds to their value and is therefore justly regarded as highly desirable.

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3. To prove legitimacy.
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5. To show when the child has the right to seek employment under the child labor law.
6. To establish the right of inheritance to property.
7. To establish liability to military duty, as well as exemption therefrom.
8. To establish the right to vote.
9. To qualify to hold title to, and to buy or sell real estate.
10. To establish the right to hold public office.
11. To prove the age at which the marriage contract may be entered into.
12. To make possible statistical studies of health conditions.

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of Medicine.*

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THE JOURNAL OF THE Arkansas Medical Society

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THE JOURNAL

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No. 7

Original Articles.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE GALL-BLADDER.*

By William R. Brooksher, M. D.,
Fort Smith.

The palm of a nurse's hand is large enough to cover the most important surgical area of the abdomen, namely, an area about two and one-half inches in circumference beneath costal arch of ninth rib. Underneath this area lie the gall-bladder and its ducts, the pyloric end of the stomach, the duodenum, the pancreas and the right kidney, all of which are very important organs in modern surgery. However, in this paper I shall only attempt to outline some of the principles governing the physician and surgeon in treatment of diseases of the gall-bladder and its ducts.

To all intents and purposes, eliminating malignancy, a diseased gall-bladder is an infected gall-bladder, which statement has almost been conclusively proven true even in malignancy.

Shaw, in the International Journal of Surgery, very graphically describes gall-bladder disease in this manner, namely: Bile plus micro-organisms plus stasis equals inflammation, and inflammation equals cholecystitis, gall-stones, empyema, which is the most brief and lucid way of expressing the etiology and pathology of gall-bladder disease I have ever seen, though it is defective in that it presupposes that the bile is first infected and the gall-bladder secondarily, which is the old view, but which is not accepted by the best authorities today. The latest investigations seem to prove that in a vast majority of cases, at least, the organism reaches the gall-bladder by way of the blood or lymphatics, principally the former, and attacks its mucous membrane

from behind, and not by way of ascension from the bowel up the common and cystic duct as was practically the unanimous view a few years ago. The mucous membrane of the gall-bladder, like that of the urinary bladder, is very resistant to infection from the front. The organisms most frequently found in cholecystitis are the colon and typhoid bacilli. Gall-stones are the result of sub-acute or chronic cholecystitis, being rarely or never the result of an acute attack. According to Mayo, the bile is sterile in a large percentage of cases of gall-bladder containing stones, but the walls of the gall-bladder will give active culture in a majority of the cases. Rosenow of the Mayo clinic has been able to produce cholecystitis in 80 per cent of his experiments by infecting cultures from an infected gall-bladder into a healthy animal, thus proving in the case of local infection the same selective affinity for certain organs or tissues as has been long known in our constitutional infections, notably pneumonia, diphtheria, measles, scarlet and typhoid fevers, etc. A few years ago, when the diagnosis of gall-bladder disease was made almost exclusively from a history of colics, assisted possibly by the passage of gall-stones in the feces, gall-stones were found in 98 per cent of the operated cases according to Murphy; but now, when the diagnosis is frequently made in the earlier or pre-stone stage, stones are found in less than 75 per cent, and, as our diagnostic acumen increases, the percentage of stone cases are going to grow progressively less, for it is now fully recognized that it is as important to diagnose and treat for a diseased gall-bladder before stones have formed as it is to diagnose and treat a diseased appendix before pus has formed. It is being conceded by our advanced investigators today that diseased gall-bladders, instead of being rare in childhood as formerly taught, are rather frequent; and that while stone is infrequent at this time, it is here that the trouble takes place, which

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

lays the foundation for the stones and colics of the adult life, and my experience leads me to accept the theory as probably true. About three-fourths of cases of gall-bladder trouble occur in women, and 80 per cent of gall-bladder infections occurring in women have their origin during pregnancy, according to C. H. Mayo. Thus the latter statement is the explanation of the former.

In making a diagnosis of gall-bladder disease, a properly obtained history is the most important diagnostic factor. It is very probable that a great many attacks diagnosed as acute indigestion, ptomain poisoning, acute gastritis, etc., are in reality cases of cholecystitis; especially is this probably true in young people, and the doctor of the future is going to have to be much more discriminating in making a diagnosis of these conditions than have his predecessors, if he would maintain his professional prestige in diagnostic acumen. The history as obtained today rarely goes back to these early outbursts of acute abdominal trouble, but usually begin with severe colics at stipulated intervals and these colics, after so long a time, cease, and *our second*, but in reality the third, stage, which is one of indigestion, etc., sets in.

The *x-ray*, according to Case, will show gall-stones in about 50 per cent of the cases in which they are actually present, and while with his great experience and his wonderful technic and reading ability, this may hold good in his case, I am certain it is far too large a positive showing for the average operator. The *x-ray* findings, when positive, have an absolute value, but negative findings far from disprove the presence of stones. Fluoroscope cholecystitis and gall-stones must be differentiated from disease of lung or pleura, "rarely" right kidney, pancreas, ulcer stomach or bowel, etc.; and in these cases the diagnosis is largely one of elimination. If once you get a clear idea in your head of the possibilities of the case, you are far on the road to a correct solution of the condition. We make most of our mistakes in diagnosis here as in other conditions, by not getting into our heads a definite idea as to what the case may possibly be. Once this is definite and clear, a diagnosis even by elimination is not so hard, though this necessarily bespeaks a fairly accurate knowledge of the clinical history of each of the allied conditions, and most pathological conditions have fairly definite clinical histories, only we do not know them.

No one could visit the clinics of that master of clinical interpretation, J. B. Murphy, and not become convinced of that fact. The secret is to get a history and then know what it means. Once the diagnosis is made, the treatment is the great desideratum. I would not go so far as some have done and say that an infected gall-bladder is a surgical gall-bladder, though in probably 90 per cent of the cases complete relief will only come through this channel. But in the early acute infections, especially in the young, I should advise medical treatment in the hope that the attack would pass off and a complete recovery follow; treatment under these conditions is best carried out, in my opinion, after the Oechner method of treatment of appendicitis, namely, no purgatives, no food, stomach at rest, ice over gall-bladder, etc.; if this plan is faithfully followed, the attack in a large majority of cases will pass off, and if it has not been an acute attack superimposed upon a chronic gall-bladder, there is a possibility that the patient may be permanently cured. The trouble has been that heretofore we have not been recognizing these early attacks, but have been passing them up as acute indigestion, ptomain poisoning, etc. A great step forward will have been made by the profession when we get rid of that cloak for ignorance, acute indigestion, which really is no pathological entity at all, but a group of symptoms common to a number of pathological conditions.

So much for the acute infection. Once the infection has become chronic, there is very little question but that surgery offers the only plausible means of cure, the only question being as to the method.

Ten years ago, practically all the surgeons were doing the drainage operation. At present 90 per cent of them are doing cholecystectomies in 75 to 90 per cent of their gall-bladder cases. About 75 per cent of the operated cases of gall-bladder disease contain stones. I am sure that the actual percentage of stones in cholecystitis is much less than this, probably not exceeding 50 per cent, only the diagnosis is not made in the other cases. Entirely too much emphasis has heretofore been placed upon stones. Stones are only one of many complications of cholecystitis, but we have been emphasizing it as the *sine qua non*. The truth of the business is, it is much more important to properly treat a case of cholecystitis which does not produce stones, than one where stones are found, for of the two

types of infection the former is the more dangerous. It is conceded by the majority of the operators today that in practically all cases of cholecystitis without stone formation, permanent relief will only be obtained by total removal of the gall-bladder. This is true to a less extent where stones are found. The Mayos, Oschner, Finney, Zund and other operators of their type are doing cholecystectomies in about 80 to 90 per cent of their gall-bladder work. The mortality in careful, competent hands is only a fraction of a per cent more, and the permanent relief about three times as great, or about 25-75. Indeed, Charles Mayo has said that the technic in gall-bladder surgery has progressed to the point where the mortality can only be further reduced by fractions of a per cent. In my gall-bladder work, I think I am safe in saying that not more than 50 per cent of my drainage cases have remained permanently well, whereas, to my knowledge my cases in which I have removed the gall-bladder *in toto* have remained permanently cured; of course, the number of my radical operations has not been very great. The increased dangers in doing the cholecystectomies are especially hemorrhage and injury to the common duct, and both of these may be easily avoided if proper care is taken. I have always practiced and much prefer doing the cholecystectomy from below, first dissecting out the gall-bladder from below; but it does not matter which method you adopt, so long as you are thoroughly familiar with it. The most difficult problem in gall-bladder surgery is encountered when the stone lies low in the common duct. These cases sometimes require all the ingenuity of the most experienced surgeon.

I have not tried to cover the ground of gall-bladder infection, but only to bring out some cardinal principles with the knowledge that the discussion to follow would thoroughly elucidate any point not made clear in the paper; indeed, a paper completely covering gall-bladder infection and its treatment would be entirely too long for such an occasion. Thus I have not attempted to describe time for operation, preparation of patient after treatment, and many other very important points in the care of these cases, knowing the physicians present will bring these out in the discussion which is to follow.

DISCUSSION.

Dr. H. Thibault (Scott): I have often thought that the man who ought to write a surgical paper is

the general practitioner who has surgical cases on his hand after they come home from the hospital. This morning a suggestion of the follow-up system in hospitals brought this thing to my mind: that lots of people are operated upon for acute surgical conditions "successfully," and sometimes they come back with repeated attacks of acute conditions, though they have been reported as successful surgical operations.

Now, I have never operated on a gall-bladder in my life, but it has been my fortune or misfortune to diagnose many of these cases before they were operated on, and to have charge of them after the operation was completed.

I wish to endorse what the essayist has said about the drainage operation. I have seen the drainage operation on the gall-bladder relieve the acute condition, such as stone acute sepsis and acute pancreatitis, but as to having anything to compare with the well patient any time after it is over, I have never seen it in any of those cases returned by the surgeon. On the other hand, in many cases that have had acute chills, attacks of septic fever, rigors, general sepsis and break-down, where the gall-bladder has been removed, go on in the even tenor of their way and can be truly said to be cured patients. That is, not only the acute symptoms that endanger life are removed, but the disturbances, the indigestion and the other symptoms that we have from an infected gall-bladder or adhered gall-bladder very often disappear. Of course, there are probably exceptions to these rules, but I have never seen an exception to the drainage operation. I have now under observation about half a dozen patients who have had the drainage operation, and all of them are sick patients. That is, they have discomfort at more or less regular intervals, and are not anything like as near well off as those patients who have had the gall-bladder entirely removed.

Dr. St. Cloud Cooper (Fort Smith): To properly discuss this paper would consume much time. I will say, however, that we now operate oftener for gall-bladder disease than we did a few years ago. In the past our results have been disappointing, owing to the fact that we overlooked stones or failed to remove the bladder when that should have been done. I do not believe that it is necessary or expedient to remove the gall-bladder at all times.

Removal of stones and simple drainage has been satisfactory in a good many of my cases. A badly infected gall-bladder should be removed. The essayist has very properly emphasized the importance of diagnosis. A great many cases of gall-bladder disease have been treated for years for indigestion. When the diagnosis is made, an operation is indicated. I have had no experience with gall-stones in infancy. I have operated on two young women, one age 18, the other 19.

Dr. Gregg (Fayetteville): I do not believe it is necessary to remove the gall-bladder in all cases. If we have a cholecystolithiasis without a cholecystitis, then I would not remove the gall-bladder. If we find a cholecystitis with the walls of the gall-bladder fairly well preserved, I would not remove it, but would drain and leave the rest to nature.

Dr. Brooksher (in response): There was only one subject discussed. I would like to have had some of the other points in the paper discussed. But the question of drainage or cholecystotomy is the only point that has really been discussed. But the question of draining or removing the gall-bladder has kept absolute pace with the supposed method of infection, when we thought that the bile was the original infecting agent, and the gall-bladder trouble was the result of an attack from the mucous membrane that appeared, because we thought that the stone was a product of

the infected bile, and, as we got rid of the stone in the infected bile, we got rid of the trouble. But, when we began to find out, which is unquestionably true, in my judgment, and it is so regarded, that from 75 to 90 per cent of the cases, at least, and possibly more than that, are infected from behind and not from the bile at all, we began to see that we were not getting rid of the trouble at all, and that the pathology corresponded with the clinical history of these cases; because, as Dr. Mayo said, as I said in the paper, that in 80 per cent of these cases of the gall-bladder, containing gall-stones, the bile was not infected, but a careful examination of the gall-bladder itself showed an infected gall-bladder. Now, if you leave those, you may not have trouble, but for a time, at least, *the possibility of trouble*. In my judgment, where you don't have trouble it is because you excite a sufficient amount of vitality and sufficient increased energy to destroy these germs. The attack on the gall-bladder excites hyperemia, and it excites phagocytosis, and it destroys the germs in the gall-bladder, and a certain per cent of them will remain well. But it is due to that cause entirely, in my opinion. Just the same as we cure some cases of tuberculosis of the peritoneum by opening the peritoneum and increasing the blood supply, the hyperemia and phagocytosis destroying the infecting agent, and your patient gets well of tuberculosis of the bowel, because you simply open the abdomen.

Now, for a long time that wasn't understood. Now, in these cases of diseased gall-bladder, possibly 50 per cent will remain cured and they remain cured, for that reason. Not because you take out the stones. The stones themselves don't amount to very much. They are the result of past trouble. But in a large percentage of the cases, if you leave a diseased gall-bladder, in my judgment, you are at least taking the risk of inviting future trouble. It may not occur, but it will occur in a certain percentage of the cases, even in careful hands. If you get rid of it, your patient will get well.

Somebody made some remark about surgical cases not remaining well. They don't remain well, of course; but, if you get rid of the cause producing this trouble, they will be well of that. Now, some of us expect a whole lot too much of surgery. We expect a patient to go to the hospital and be operated on, and come home and never have a chill or pneumonia or anything else in the world. We simply operate to remove the trouble that's the matter with the patient at that particular time, and we don't keep them from having anything else. If you remove a diseased gall-bladder, they will not have any more trouble with it. My experience has been that 50 per cent of my cases which I operated on early in my career have given me trouble—at least 50 per cent. So far, I haven't had any trouble from a case of cholecystotomy, and I don't expect any from the gall-bladder.

IS IT NECESSARY TO RESECT MORE THAN ONE RIB IN THE TREATMENT OF SUPPURATIVE PLEURISY?*

By R. C. Dorr, M. D.,
Batesville.

In my experience it has been absolutely unnecessary. My object in writing this paper is to illustrate the point of practicing con-

servationism in resecting ribs, in chronic cases of this kind; also to emphasize the point of treating these cases as you would an ordinary abscess, and to call your attention to the use of 70 per cent alcohol as a local application in these cases.

The following case will illustrate the treatment I apply in chronic cases:

Miss Martha S., Cave City, Ark. Age, 29. Family history: Father and mother still living at age of 75; mother sick at present time, supposed tuberculosis; brothers and sisters all living and in good health. Personal history: Had ordinary diseases of childhood; in February, 1904, had pneumonia with pleurisy; June the side was aspirated and one gallon of pus drawn off; the side continued to discharge pus, containing T. B. until she was operated on, October 26, 1915.

The following operation was performed: One rib resected, breaking up adhesions with a metal sound; then the cavity was washed out with 70 per cent alcohol and packed with yellow gauze, which was removed each day and cavity washed out and repacked. This was continued for three weeks until I was convinced we had a healthy granulated surface. Then I filled the place with bismuth paste once a week, until she left the sanitarium. She was in the sanitarium twenty-eight days. After she went home, had it refilled once every ten days with paste until she was well. By May 1, 1916, she was entirely well, and is well up to the present time. At time of operation she weighed 111 pounds; present weight, 134 pounds.

In acute cases where the ribs are wide enough apart, I simply drain between the ribs, up to 15 years of age. After the discharge begins to be watery, I remove the tube and inject it one time with bismuth paste, which keeps the outside open and fills dead space, which prevents germ development. This practice has given me 100 per cent of recoveries since I began it, where the treatment was carried out under my instructions.

In those cases which continue to drain pus from three to four weeks, I wash out the cavity once a day with 70 per cent alcohol.

Anyone wishing to pursue the study of suppurative pleurisy further will find several papers by different authors in the April number of the 1919 Journal of Surgery, Gynecology and Obstetrics.

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

CHRONIC PURULENT OTITIS MEDIA.*

By N. E. Frazer, M. D.,
Pangburn.

In order to more thoroughly understand the treatment of chronic purulent otitis media, we should acquaint ourselves with the etiology and pathology.

Etiology.—Chiefly due to a succession of acute attacks, which have not been properly treated. Also it depends on the virulence of the germs and the power of resistance and vitality. The infectious diseases, such as influenza, measles, diphtheria and tuberculosis, etc. Enlarged tonsils and adenoids, with catarrh of the nose and throat. Masses of new growth tissue and ending with a ruptured ear-drum, etc.

Pathology.—The tympanic cavity and neighboring cells are first attacked by a round cell infiltration, causing a hyperemia. Followed later by a new growth of granulated and epithelial tissue, causing sometimes large masses which may spring from either of the cells; later they die and slough off cholesteatomata, which in turn causes a blocking of the secretions, and an exaggeration of symptoms.

Changes in the bony tissue: First, caries; second, sclerosis; third, pressure and atrophy; fourth, rarefaction.

Caries of the ossicles and tympanic walls follows the round cell infiltration. The nutrient blood vessels become occluded by pressure and atrophy, which very often is due to tuberculosis or syphilitic infection. Sclerosis, or eburnation, is a process which follows cases of long standing. The cells and Haversian canals become hard and solid.

Rarefaction is a condition where the bone is very soft and usually of a brown color. It very often affects the malleus and incus.

Treatment.—In general, may be divided into three different headings: First, local treatment; second, intratympanic operations; and third, radical mastoid operation. Treatment should be instituted according to etiology and pathology. The type of which I wish to speak is the more subacute type. We should try to obtain as nearly perfect drainage as possible by seeing that the lower quadrant of the ear-drum is open. Remove all enlarged

tonsils and adenoids and polypi. When there is catarrh of the nose and throat, it should receive proper attention. I will mention syringing and insufflating the ear with powders only to condemn them, as it is impossible to tell in advance just how much necrotic bone tissue there might be. Should the stapes be necrotic and sloughed, there would be danger of forcing water through the foramen urale into the labyrinth and set up meningitis and other brain troubles. When powders are blown into the middle ear there is danger, when the discharge is profuse, of caking and blocking the outlet and causing an exaggeration of symptoms. I prefer the dry treatment.

In the beginning I usually instill a few drops of the following: 5 per cent formalin solution of alcohol, mercury and water, after which I gently mop out the secretions, then insert a very small piece of medicated gauze, being careful not to block the outlet. In case of granulation or epithelial growth, I prefer absolute alcohol.

DISCUSSION.

Dr. H. N. Street (Lonoke): I just want to say a few words from the standpoint of the general practitioner with reference to this condition. When it comes to a case of ear-ache, I would rather perform a major operation than to treat ear-aches; not only from the difficulty in relieving the patient, but, in cases of little children, which is not infrequently the case, we cannot give them opiates.

But the main point I want to emphasize is—and I am not speaking about the specialist, because he knows what to do—that we, as general practitioners, should not treat these cases too long. They should be sent to the man who makes a specialty of this, for fear that a serious mastoid trouble will be overlooked.

In handling an ordinary case of abscess of the ear, after it has begun to run, of course it should be opened previously. But we should always look very carefully into the condition of the throat. I think that we might nearly always find that is the point of infection; or the nose. Now, I don't know what these specialists say about this, but that's been my observation. I have always found them with a tendency to some tonsillar trouble.

The main point that I wish to emphasize is that we should not try continuously to do something for these patients too long, but to put them in the hands of a specialist.

Dr. T. J. Wood (Little Rock): There is one matter that, if the essayist mentioned it, I didn't catch it or didn't hear it. I have had some experience in treating these ear troubles, and I have found, in a great many cases where they discharged externally, that the eustachian canal of that ear is impervious or closed up. In my experience I have found that it is a very important thing to use Politzer's method to open it up, or use a eustachian catheter. I always make it a point in my treatment to ascertain whether or not the eustachian canal is impervious, and, if so, try to inflate it with some medication. I think that does much good in relieving these troubles.

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

Dr. W. T. McCurry (Little Rock): In the last few months we have had a great many cases of post-grippal ear trouble, complicating mastoid trouble. I think that I have had some eight or ten mastoid troubles following influenza or la grippe. I remember one child that was only six years old. I saw him one day and operated on him the next. He had all the symptoms that indicated a mastoid operation, and I only had to open down to the soft tissue to find that the whole side of the back of his ear had been filled with pus.

I had another patient, a child six months old, that we operated on. It was just ready to come through the bony tissue. I remember one morning we had an ear-ache at 4 o'clock in the morning. I opened it up. This shows how quick this trouble will incubate and make trouble for the patient.

As for the treatment, an early and thorough incision ought to be made. I think the word "paracenteisis" ought to have been dropped long ago. If you open it up at all, open it freely, just like you would any other abscess. I rather condemn the constant douching of the external canal, because I think it will cause that discharge to get packed and boggy. I swab it out with nitrate of silver or with alcohol. After the infection has gone away, I think the nose ought to be thoroughly cleansed and fully dried every one or two days, of course, looking after the throat and tonsils in the proper way, and thorough drainage, as in any other abscess, would be my suggestion.

Dr. Frazer (in response): I wish to thank the gentlemen for their discussion of this paper. The main idea I had in writing it was merely to outline the treatment. I spoke about condemning the promiscuous syringing out of the ears. I think we should be very particular about that, unless we can tell more about the real pathology, if there is any; because, if the stapes is dislocated there, or any necrotic condition around the stapes, it is likely to be dislocated, and you will more than likely push your fluid into the labyrinth, and, if you do that, you are likely to scatter your infection.

With reference to the insufflation of powder, I believe that is advisable in cases where you have a small amount of discharge, where it is healing nicely. But, where there is a profuse discharge, I don't think it is a very good idea.

As to what the gentleman said about inflating of the ear, I think that's a very admirable treatment. I didn't mention that. I am glad that he spoke of it. Especially in chronic conditions. I do not know that it would be essential in acute conditions, for fear of scattering the infection. But in chronic conditions, I think it would be all right. I thank you.

HEALTH NEWS

ISSUED BY

The United States Public Health Service.

A clean house with plenty of fresh air and sunshine is a long step in the direction of health, says the United States Public Health Service.

The kitchen is the most important room in the house from a health standpoint, says the United States Public Health Service. Keep everything about it and everyone in it scrupulously clean.

Beauty is more than skin deep, according to the United States Public Health Service. Natural beauty is usually a sign of health that comes from keeping the body clean and getting plenty of outdoor exercise.

A decayed tooth is far more dangerous to the health than a fly in the soup, says the United States Public Health Service. Visit the dentist regularly. Keep the teeth clean.

Thousands of children are killed every year because parents say, "They will have it anyway," and permit the little ones to expose themselves to whooping cough, measles and scarlet fever, says the United States Public Health Service.

Industrial accidents killed 3,400 persons and seriously injured 50,000 in the State of Pennsylvania in 1918, according to reports reaching the United States Public Health Service. Most of such accidents are preventable; many the result of carelessness. Safety first.

Cultivate the habit of walking with head up and the shoulders thrown back. It is cheaper and better than bottled tonics, says the United States Public Health Service.

Germ diseases kill off more people than the deadliest wars, says the United States Public Health Service. In 1917, pneumonia and tuberculosis killed 223,000 Americans, more than seven times the number killed in action in France.

Heart disease caused more deaths in 1917 than any other ailment (115,337), says the United States Public Health Service. Right living would materially reduce this. Don't wait for the disease to develop before you see your physician.

Carelessness with the hands and teeth causes more deaths in America every year than carelessness with motor vehicles, says the United States Public Health Service. Keep the hands clean, free from germs, away from the mouth, and visit the dentist regularly.

Do not take drugs to cure the headache, says the United States Public Health Service. Consult a physician, a dentist or an oculist, to see if the cause can be located. Often the eyes or the teeth may be at fault.

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

HAPPY CHRISTMAS.

Once again the holiday season is upon us. Christmas greetings have, we fear, become largely perfunctory and gift-giving in a sense, a burden into which selfish interest is very apt to creep, so that the Scripture is fulfilled: "Unto him that hath shall be given," the value of the gift being gauged rather by

the social or commercial weight of the recipient than by the needs. Therefore, the really needy are likely to get nothing and the rich and powerful what they do not require and probably do not value.

Still, the Christmas season with its universal holiday spirit does bring its joys and pleasures. Celebrated from the days of forgotten centuries as the time of the new annual birth of the sun, it has descended to the present day as a mingled religious and social holiday, participated in alike by those of all faiths and by those of none.

In all sincerity, therefore, we cordially wish every reader of The Journal a happy and joyous Christmas time and a prosperous New Year, with renewed progress and success throughout 1920.

OUR NEW DUAL OFFICE.

After the death of the lamented Dr. C. P. Meriwether, for several years secretary of the Arkansas Medical Society, a special meeting of the council was held to name his successor. It was decided unanimously to combine the office of secretary and editor of The Journal, and the editor, resigning as treasurer, was elected Secretary and Editor, and Dr. R. L. Saxon of Little Rock elected treasurer.

Dr. C. P. Meriwether served the Society most capably as Secretary, and the earnest hope that we can fill his place as acceptably as he did is all we can express. We shall give the Society the best that is in us and shall endeavor at the same time to keep up The Journal to standard and improve upon past results, if possible. In many other state medical societies the secretary is also editor of the journal and it has been found that this arrangement tends to bring about good results and closer coöperation. If this is the best arrangement, it is proper that the Arkansas Medical Society keep abreast of the times.

As Secretary, we call attention to the fact that this is the time for the annual meetings of the various county societies and the election of officers, also the paying of dues. Blanks from the Secretary's office will soon be mailed to each county secretary, and we hope that all the annual reports will be made as promptly as possible. It should be borne in mind that only those county societies are eligible to representation in the annual meet-

ings of the State Society whose reports are in the hands of the Secretary on or before March 1.

Some of you will recall the character of Pooh-Bah in the comic opera, "The Mikado," who held about all the offices in the State and found conflicting situations; thus, while as a judge he might accept a bribe, as prosecutor he would have to prosecute himself. Your Secretary is a sort of Pooh-Bah. As Secretary he reminds you of the annual meetings, elections and dues-paying duties, and as editor he urges that every society, every secretary and every member help along the good work and coöperate with the secretary. As both editor and secretary, it is the earnest hope that every physician in every society in every county do something to keep up his local society and thus give strength to the State Society. The Arkansas Medical Society can be strong only as the county societies are strong, and, like a chain, it can be no stronger than its weakest link. Made up of the members of the county societies, the latter is the foundation of the state body. Make your meetings interesting. Do not fail in attendance. If you think you cannot get any benefit from your local meetings, go anyway; perhaps you can impart some benefit, and you know it is more blessed to give than to receive.

URGENT NEED OF MORE AND BETTER EQUIPPED HOSPITALS.

It is to be hoped that the various campaigns for additional hospital facilities for Little Rock and Arkansas will be prosecuted to a successful end. It is not necessary to call the attention of physicians to statistics to show the pressing need of hospitals, but the material waste involved by neglect of many people, particularly children in need of surgical or medical treatment, should appeal to men and women in all walks of life. The wealth of the state is in its manpower. That economic fact is often overlooked, but the truth of it is indisputable. The nonworker is a nonproducer, and, besides producing nothing, he is a consumer. He is supported by some person or by the state. There are thousands who are nonproducers because of disease or physical handicap which could have been removed or modified by treatment in childhood. That is the merely material viewpoint. The science of medicine goes further

and is moved by altruistic motives for the welfare of mankind in general; but the profession, singly or as a whole, without the backing of money, can do little. To save the children, to make useful and happy men and women of those who lack for treatment, may become incurable and miserable burdens to themselves and society, is the object of the hospital campaigns and the response to appeals for such a cause should be generous.

These campaigns begin rather under a handicap in following drive after drive for various patriotic, uplift, charitable and religious causes, but the state cannot afford to longer neglect the afflicted children—and you and I and all of us constitute the state.

THE MIGHTY PENNIES.

We all are not apt to overlook the strength of numbers in the small things. We forget that the devastating flood, sweeping away all in its path, killing and destroying as it races along, is made up of tiny drops, each incapable of drowning a healthy fly. In the world of finance are utility corporations capitalized at many millions, and the return on their investment, and the money to pay millions a year for operating costs, all comes in in nickels, five pennies, at a time. Until recent years the penny in the South was esteemed as of about the same value as so many marbles, and were as freely given to the children. No merchant used them in change, the nickel being the smallest denomination in general circulation. If one got pennies in change at the post office—which was about the only place one would get them—he wouldn't burden his pockets with them longer than to take them home and give to the kiddies.

Still, as individuals we pay little heed to the penny; but at this Christmas and holiday season take with you the thought of the power of the penny in numbers. The vast revenue of the Post Office Department is derived from the pennies paid in postage stamps. In like manner the dollars from the pennies paid for the Red Cross seals. The penny is nothing at all—or practically nothing—but your penny here and there and the other fellow's pennies will save human lives, and make of cheerless invalids happy workers and producers. Put an American Red Cross seal, costing one penny, on every Christmas package you send.

Abstracts.

CREDULITY AND CURES.

The psychology of credulity is the main theme of an article by Frederick Peterson, New York (*Journal A. M. A.*, December 6, 1919). The extraordinary complexity of the human body and mind favors the acceptance by the public of medical fads, while the careful physician is inclined to wonder why even eminent and erudite individuals in other lines so readily accept them. The more we know of a subject, the more critical and skeptical we are likely to become, and if one knows nothing of the subject the soil is ready for faith and almost any claims. It is not surprising, Peterson says, when an intelligent professor or learned clergyman happens to take, in some usually self-limited disease, a quack remedy, that he becomes convinced of its value and recommends it to his friends and the public. Great minds have had this failing, and he refers to Bishop Berkeley's treatise on tar-water and the recent endorsements of the views and theories of an Australian music teacher, concerning a treatment by a sort of internal massage, given by Professors Dewey and Robinson of Harvard and Columbia Universities, respectively, as examples. The music teacher, Alexander, asserts that the use of his special technic, given by him, has cured " * * * paralysis, varicosity, tuberculous, asthma, adhesions of the lungs, hemorrhage, congenital and other malformations, effects of infantile paralysis, many varieties of throat, nose and ear trouble, hay fever, chronic constipation, incipient appendicitis, and colitis." Another factor in credulity is our inclination to believe what we wish to believe, the more so if it has mystery or some religious incantation in its presentation, and Peterson refers to Christian science, the Lourdes cure, etc. No one is any too ready to give up an opinion, when doing so will make him acknowledge that he has been wrong. The medical profession does not combat these delusions excepting when they seem to be pernicious in their consequences. But Peterson does recognize a certain degree of credulity in the medical profession. We should be hypercritical above all others, he says, but we do share in a measure the credulity of the public. The same psychological factors are at work in the physician as in the layman, and the mysteries behind all the new names—hormones, opsonins, endocrines, etc.—open a vast field for new theories

and beliefs. It has interested him, he says, to go over some of the therapeutic measures that have had their day. When he began practice, operations like clitoridectomy and ovariectomy were reputed cures for many nervous disorders. Then the turbinated bone obsession had its popularity, and electricity had a great vogue, and large static machines were part of an office equipment. Other fads were suspension for locomotor ataxia, trephining for microcephaly and paresis; and the rest cure has had a comparatively long life, though now largely supplanted by exercise and occupational therapy. Crotalin was a therapeutic sky-rocket for a time, with other remedies for epilepsy. Eye strain as a cause of disease had its day. All of these remedies have a certain value, though mostly of a negative character in our experience. The author knows of one general consultant who seldom makes a diagnosis of anything but hyperthyroidism or hypothyroidism, and still another who sees everything through the light of the endocrines. He thinks such tests as the Wassermann should not be too implicitly trusted, and ends his article with a criticism of psychoanalysis and the Freudian psychology. He has seen bad results from the psychoanalysis of young women and men, and if it were not destined to be so short lived, he would favor a law prohibiting it. The theories of Freud and Jung in psychology, he says, are what cubism is in art, and if they were not so pernicious in their application he would say nothing of them. The Freudian theories of dreams, and their sublimation of the sexual are especially condemned. The analysis made by the psychoanalysis reveal the type of mind of those who make them, much more than those of their unfortunate subjects, in Peterson's opinion.

SKIN AND DIAGNOSIS.

The value of the skin in the diagnosis of many constitutional conditions is pointed out by M. F. Engman, St. Louis (*Journal A. M. A.*, November 22, 1919). Skin diseases are usually treated outside of hospitals and their significance is, therefore, not so much appreciated. No one can properly study skin diseases or understand their pathology thoroughly, unless he can appreciate all conditions relative to the case, and this can only be insured in a well-regulated and well-equipped hospital with the coöperation of a trained internist. There are certain inherent condi-

tions, congenital or inherited, which throw a flood of light on the patient's condition. For example, the exudative diathesis, the first symptoms of which is eczema, appears early in life and marks the infant a clinical entity. It is seen on the cheeks or body, to be followed all through life by adenoids, asthma, bronchial conditions and enlarged glands. Sensitization in infancy may be at the bottom of this condition. Improper feeding may show itself on the skin by a dry, scaly condition which may induce traumatic eczema. Heaping up of cells on the follicles about the extremities may point in early life to hypothyroidism. Presenility may be graphically shown in the disease known as xeroderma pigmentasum and indicates the prematurely senile skin. Age is indicated on the skin, as well as by the arteries, and it is curious to note how these senile changes occur in certain families. The skin on the back of the hand is always a true gauge of the wear and tear of the body. The earliest signs of approaching puberty are shown on the face by the little comedo on the cheeks or nose or increased oiliness of the skin in that region, but we are often taught to look at diet here as the cause, as well as in *acne vulgaris*. The intrafollicular flora of the skin is awakened to new life by some chemical change in the body. Among the blood-borne conditions reflected by the skin, Engman refers particularly to hypothyroidism, which he has had abundant opportunity to observe, and of which the cutaneous symptoms are enumerated at length, such as presenile changes, erythema, myxedematous pads, loss of hair, seborrheic dermatitis, pigmentary anomalies, etc. The erythema group is always deserving of study and thorough clinical investigation. The eruption is always produced by something brought to the skin by the blood stream. Lupus erythematosus is frequently one of the types of the erythema group and may be accompanied by tuberculosis. Raynaud's disease is one of those conditions due often to a germ, instead of to vasomotor disturbances, as usually stated. The plantar surfaces of the feet and palms of the hands are often aids in diagnosis of hypothyroidism, arteriosclerosis, diabetes, etc. The skin lesions only reflect, at points of irritation and frequent motion, the condition of the blood which contains cholesterol in excess—fatty acid esters which irritate and infiltrate the cells.

Personals and News Items.

First District Medical Society of Arkansas met December 10, at Jonesboro.

A laboratory costing \$5,000.00 will be installed at Spark's Memorial Hospital, Fort Smith.

Dr. J. F. Sanders of Blytheville was elected president of the Tri-State Medical Association at the recent meeting in Memphis.

Dr. J. A. Bogart, Forrest City; Dr. G. A. Warren, Black Rock; Dr. E. F. Ellis, Fayetteville, and Dr. G. A. Herring, Warren, visited in Little Rock this month.

Dr. W. H. Deaderick of Hot Springs was elected vice president of the Medical Association of the Southwest at their Fourteenth Annual Meeting, October 6, 7 and 8, in Oklahoma City.

At a regular meeting of the Jefferson County Medical Society, December 2, 1919, the following officers were elected for 1920: President, M. A. Shelton, Wabbaseka; vice president, J. F. Crump, Pine Bluff; secretary and treasurer, J. F. Gill, Pine Bluff.

Urge your secretary to send in a digest of papers read and discussed and his minutes, together with personal notes of interest to appear each month in *The Journal*. Items should reach the editor by the first of the month—in no case later than the fifth.

The Drew County Medical Society held its annual meeting on December 2, 1919. After regular routine work, the election of officers for the ensuing year resulted as follows: President, M. Y. Pope; vice president, E. R. Cotham; secretary and treasurer, A. S. J. Collins.

The following Arkansas physicians of the Medical Corps, U. S. Army, have recently received their honorable discharge from service in this country and abroad, and have resumed their practice in their respective homes: W. D. Judkins and R. B. Moore, Little Rock; C. P. Wilson, Fort Smith; J. M. Best, Monticello.

The Thirteenth Annual Meeting of the Southern Medical Association was held in Asheville, N. C., November 10 to 12, under the presidency of Dr. Lewellys F. Barker, Baltimore. Louisville, Ky., was selected as the place of meeting for 1920, and the following officers were elected: President, Dr. Ed-

ward H. Cary, Dallas, Tex.; vice presidents, Dr. Henry H. Briggs, Asheville, N. C., and Alfred L. Gray, Richmond, Va. The following physicians from Arkansas were in attendance: W. H. Abington, Beebe; E. Baker, Dermott; Robert W. Barton, Marion; T. E. Benton, Lonoke; E. T. Brantlett, Malvern; W. H. DeClark, McGehee; J. E. Elliott, Carlisle; J. C. Gilliam, Des Arc; W. E. Hamil, Pocahontas; R. H. Huntington, Eureka Springs; D. A. Hutchinson, Nashville; H. M. Kitchens, Waldo; J. A. Lightfoot, Texarkana; E. P. McGehee, Augusta; R. Y. Phillips, Malvern; A. A. Reeder, Prescott; James T. Jelks, L. R. Ellis and G. M. Eckel, Hot Springs; C. W. Garrison, H. H. Kirby, J. P. Runyan, H. A. Taylor and William R. Bathurst, Little Rock.

MEMORIAL RESOLUTIONS.

December 15, 1919.

Whereas, Our beloved fellow-member, Dr. Henry Neill Dickson of Paragould, has gone on his last and final call; and,

Whereas, His untimely death has bereft us of one of the most enthusiastic and able members of our First Councilor District Medical Society; and,

Whereas, We who knew him realize the personal loss to every one of us in the removal of our friend and counselor, as well as the loss to the public in his home place and district; therefore, be it

Resolved, By our society, now in session, that we by these resolutions try to express a mite of the sorrow we feel; and be it further

Resolved, That a copy of these resolutions be spread on our society minutes, a copy sent to Greene County Medical Society, a copy to his people, and a copy to The Journal of the Arkansas Medical Society.

Respectfully,

G. A. WARREN,

CHARLES HALE,

THAD COTHERN,

Committee.

TYPHUS THREATENS U. S.

Unless the spread of the disease in Poland can be checked, there is a risk that a very serious epidemic of typhus will visit that country this winter, according to the report of the medical commission which the League of Red Cross Societies sent there this fall to investigate conditions. Great effort, therefore, is needed, not only to save the inhabitants of Poland itself, but also in the interest of western Europe and America, for it is with-

in the bounds of possibility that a general epidemic may spread westward.

In Kalisz, Poland, alone, from January 1 to July 17 of the present year, there were 124,000 typhus cases; and even during the summer and early fall the epidemic continued. The most urgent present needs, the commission found, are large quantities of soap, underclothing, blankets, hospital equipment and utensils, and drugs, especially salvarsan—for use in relapsing fever—castor oil, iodids, salol, quinin and opium. Many of the hospitals are wholly without bed sheeting or blankets, and at present there is an average of only one physician to every 10,000 inhabitants.

The American Red Cross, with an appropriation of \$2,000,000.00 as a starter, and a commission of over one hundred already at work, is preparing to carry on in thorough fashion during the winter the work of bringing relief to the destitute people of Poland, and of fighting the epidemics, which it started last spring.

FIRST COUNCILOR DISTRICT MEETING.

The first Councilor District Medical Society met in Jonesboro December 10, and was called to order by Dr. J. H. Stidham, the president, at 10:30 a. m. The secretary, Dr. Lile, being absent, the chair appointed Dr. Cothern to act in his stead.

Dr. G. A. Warren then read his paper entitled "Abnormal Presentations in Obstetrics." Quite an interesting and prolonged discussion followed, practically everyone taking part in it.

The next matter taken up was the election of officers for the next year, which resulted as follows: President, Dr. Throgmorton, Pocahontas; vice president, Dr. P. W. Lutterloh, Jonesboro; secretary and treasurer, Dr. Cothern, Jonesboro.

The meeting then adjourned to the dining room of Hotel Warner, where a sumptuous feast had been prepared at the direction of the host, the Craighead County Medical Society.

At the end of this pleasant social hour all returned to the Y. M. C. A. Building, where the scientific program was taken up.

Dr. P. W. Lutterloh read a paper on "The Value of Keeping Case Records." After the discussion of Dr. Lutterloh's paper, Dr.

George Max Watkins of Walnut Ridge read a paper on "Venereal Control," which was quite freely discussed.

A motion was made and carried that the chair appoint a committee to draw up resolutions and initiate such other proceedings as were necessary to get our state senators and county representatives interested in securing necessary legislation to stop or control the sale of so-called social rubber goods. The chair appointed on this committee Drs. Stroud, McAdams and Jackson.

Dr. McVay next read a paper, "Cæsarean Section Under Difficulties." Some very interesting thoughts were suggested in it and in the discussion elicited.

The last paper on the program was by Dr. J. A. Warner of St. Louis, on "Immune Therapy." His paper was illustrated with lantern slides and was very interesting. Some valuable points were given in the practical application of bacterins, serums, vaccines, etc.

Drs. Warren, Hale and Cothern were appointed a committee to prepare memorial resolutions on the death of our fellow-member and co-worker, Dr. Henry N. Dickson, who died the week previous.

It was decided to hold the next meeting in April, 1920, with the Lawrence County Medical Society at Walnut Ridge.

The work of this session being now finished, the meeting adjourned.

J. H. STIDHAM, *President*;

THAD COTHERN, *Secretary*.

Marriages.

MARRIED—Dr. Robert Ellis Weaver of Hope to Miss Ruby Scott of Hope, on November 26, 1919. Dr. and Mrs. Weaver will make their home at 500 Elm Street, Hope, Ark.

Births.

BORN—To Dr. and Mrs. Osear Gray, 2401 Battery Street, Little Rock, December 6, 1919, a son and daughter. Congratulations, friend.

Obituary.

We regret to announce the death of Dr. Chester Jennings, December 5, 1919. Dr. Jennings was born September 27, 1857, and has practiced medicine in Little Rock for thirty years.

DR. HENRY NEILL DICKSON.—Dr. Henry Neill Dickson of Paragould died December 7, 1919, aged 52. Dr. Dickson was born in Independence County. His father was a physician and lived in Batesville. He is survived by two brothers, Dr. Paul Dickson and Robert Dickson; two sisters, Mrs. W. C. Gummerson, St. Louis, and Mrs. F. E. Jeffery, Batesville. We copy from the Paragould Daily Press the following:

"Dr. Henry Dickson was every inch a man, in the truest sense of the term; broad-minded, public-spirited, a valuable asset to the community in which he lived. Measured from any and every angle one may choose, he was the type of a fellow one loves to know, a type one prizes to have listed among his acquaintances and friends. One of the most significant tributes that may be paid him or any other individual, he will be greatly missed by the community, and his conscientious and useful career will be remembered throughout the coming years. In the death of this nature's nobleman, one of the vital forces for good in Paragould and northeast Arkansas has passed away.

A person can live weeks without food, days without water, but only a few minutes without air, says the United States Public Health Service. Persons who pay but little attention to the purity of the air they breathe are not careful as to drinking water and eating food. Become a fresh-air crank. Raise the office windows.

Annual List of Members of the Arkansas Medical Society

ARKANSAS COUNTY

Bunn, A. D.	Humphrey
Fowler, Arthur	Humphrey
Hill, E. L.	Stuttgart
John, M. C.	Stuttgart
Moorhead, W. H.	Stuttgart
Morphew, L. H.	Stuttgart
Sillin, C. W.	Stuttgart
Swindler, E. B.	Stuttgart
Lowe, A. M.	Gillett
Lowe, W. W.	Gillett
Guthrie, O. V.	Almyra
Whitehead, W. H.	Tichnor

ASHLEY COUNTY

Matthews, W. M.	Portland
Cone, A. E.	Portland
Cockersham, H. E.	Portland
Sherrer, F. M.	Portland
Sparks, J. E.	Crossett
Setzler, G. H.	Crossett
Holliday, B. F.	Parkdale
Hawkins, M. C.	Parkdale
Williams, R. G.	Parkdale
Norman, W. S.	Hamburg
Barnes, L. C.	Hamburg
George, B. F.	Hamburg
Simpson, J. W.	Hamburg
Simpson, J. C.	Hamburg
Crandall, M. C.	Wilmot
Parker, J. L.	Snyder
Riley, J. D.	Montrose

BAXTER COUNTY

Elton, A. M.	Yellville
Keeter, P. H.	Flippin
Morrow, J. J.	Cotter
Hipp, J. A.	Buford
Thompson, J. I.	Yellville
Weast, L. W.	Yellville
Tipton, W. C.	Mountain Home
Tipton, J. C.	Mountain Home
Horner, E. J.	Jonesboro

BENTON COUNTY

Buffington, G. H.	Decatur
Eubanks, F. G.	Decatur
Cargile, Chas. H.	Bentonville
Hurley, C. E.	Bentonville
Huffman, K. B.	Bentonville
Lindsey, J. H.	Bentonville
Pickens, W. A.	Bentonville
Clegg, J. T.	Siloam Springs
Duckworth, F. M.	Siloam Springs
Sexton, J. Z.	Siloam Springs
Smiley, J. L.	Siloam Springs
Struthers, O. C.	Siloam Springs
Curry, W. J.	Rogers
Hodges, Guy	Rogers
McHenry, W. A.	Rogers
Moore, W. A.	Rogers
Perkins, C. F.	Rogers
Rice, E. S.	Rogers
Rice, C. A.	Rogers
Love, Geo. M.	Rogers
Crockett, C. S.	Robinson
Thompson, J. S.	Gravette
Irland, W. W.	Gentry
Ramsey, T. C.	Gentry
Wilson, E. B.	Gentry
Steele, R. W.	Cave Springs
Clemmer, J. L.	Springtown
Green, L. O.	Pea Ridge
Harrison, A. J.	Lowell
Horton, C. W.	Hiwassa
Highfill, E. J.	Cave Springs
Hodges, T. E.	Garfield
Powell, J. T.	Maysville
Rice, T. M.	Avoca

BOONE COUNTY

Barker, Nim L.	Harrison
Blackwood, J. C.	Harrison
Fowler, J. H.	Harrison
Johnson, J. J.	Harrison
Kirby, F. B.	Harrison
Kirby, L.	Harrison
Wagley, P. V.	Harrison
Baines, Swartz	Bergman
Bolinger, J. L.	Lead Hill
McCurry, D. K.	Alpena Pass
Butt, W. A.	Green Forest
Poyner, Wm. H.	Gaither
Taylor, G. W.	Zinc

BRADLEY COUNTY

Barnett, S. H.	Warren
Crow, M. T.	Warren
Fike, W. T.	Warren
Gannaway, C. E.	Warren
Green, B. H.	Warren
Hartsell, W. L.	Warren
Martin, C. N.	Warren
Martin, R.	Warren
Roark, N.	Warren
Ellis, W. S.	Hermitage
Wilson, Geo.	Hermitage
Smith, Lieut. S. E.	Camp Knox, Ky.
Jackson, D. A.	Vick

CALHOUN COUNTY

Black, C. T.	Thornton
Rhine, T. E.	Thornton
Jones, E. T.	Hampton
Wilson, D. F.	Hampton

CARROLL COUNTY

Bolton, J. F.	Eureka Springs
Huntington, R. H.	Eureka Springs
John, J. F.	Eureka Springs
Pace, Henry	Eureka Springs
Bohanon, J. H.	Berryville
George, Chas. A.	Berryville
Harvey, W. H.	Berryville
Povner, I. M.	Berryville
Tabor, G. E.	Berryville
Donaldson, C. W.	Green Forest
Morrow, F. R.	Green Forest
Price, C. T.	Green Forest
Sisco, C. P.	Osage
Reynolds, J. R.	Grand View

CHICOT COUNTY

Anderson, A. G.	Eudora
Douglass, S. W.	Eudora
Clark, B. C.	Lake Village
McGehee, E. P.	Lake Village
Henry, R. N.	Lake Village
Taylor, H. A.	Lake Village
Tanquary, Reed J.	Lake Village
Blanks, J. T.	Dermott
Barlow, E. E.	Dermott
Thompson, J. A.	Dermott
Curtis, J. F.	Jennie
Easterling, W. W.	Chicot
Rigdon, F. E.	Reedland

CLAY COUNTY

Latimer, N. J.	Corning
McKinney, A. B.	Corning
Newkirk, C. H.	Corning
Simpson, A. R.	Corning
Richardson, M. C.	Datto
Jones, F. H.	Piggott
McGuire, J. E.	Piggott
Thornton, E. W.	Piggott
Smith, J. C.	Reyno
Smith, R. O.	Reyno
Cunning, I. H.	Knobel
Hiller, J. P.	Pollard
Lunt, J. P.	Leonard
Lynch, Richard	Success

CLARK COUNTY

Daly, J. M.	Arkadelphia
Doane, S. A.	Arkadelphia
Moore, W. M.	Arkadelphia
Rowland, W. T.	Arkadelphia
Townsend, N. R.	Arkadelphia
Kirby, D. W.	Gurdon
McLain, C. H.	Gurdon
McLain, John	Gurdon
May, C. B.	Gurdon

CLEVELAND COUNTY

Blankenship, A. G.	Rison
Hamilton, A. J.	Rison
Sadler, H. D.	Rison
Wilson, H. O.	Rison
Johnson, R. L.	Rison
McMurtrey, J. S.	Rison
Glover, B. D.	Kedron

COLUMBIA COUNTY

Baker, J. J.	Magnolia
Cooksey, W. P.	Magnolia
Dickens, J. H.	Magnolia
Jack J. J., R. I.	Magnolia
Jordan, T. S.	Magnolia
Longino, H. A.	Magnolia
Longino, H. E.	Magnolia
McLeod, G. F.	Magnolia
Smith, P. M.	Magnolia
Stevens, C. D.	Magnolia
Wilbourne, C. E.	Magnolia
Bensley, J.	Waldo
Garrison, J. E.	Waldo
Sauter, A. J.	Waldo
Kitchens, H. M.	Waldo
Davis, J. H.	Waldo
Dickens, W. C., R. I.	McKamie
Keith, A. W.	McKamie
Horn, W. H.	Taylor
Hudnall, E. T.	Taylor
McWilliams, C. T.	Village
McDonald, A. J.	Spring Hill, La.
Mullins, Geo.	Emerson
Vaughan, J. T., R. I.	Emerson
Walker, J. C., R. 3	Emerson

CONWAY COUNTY

Bearden, Fred	Morrilton
Bradley, A. R.	Morrilton
Hardison, T. W.	Morrilton
Jones, W. E.	Morrilton
Lewis, C. O.	Morrilton
Logan, B. C.	Morrilton
Patton, J. W.	Morrilton
Goatcher, A. L.	Plumerville
Halbrook, J. F.	Plumerville
Sheriff, J. P.	Plumerville
Horton, Neal	Plumerville
Fleming, J. T.	Perry
Jackson, J. H.	Center Ridge

CRAIGHEAD COUNTY

Altman, J. T.	Jonesboro
Burns, J. L.	Jonesboro
Cothran, Thad	Jonesboro
Hale, C. S.	Jonesboro
Haltom, W. C.	Jonesboro
Jackson, W. W.	Jonesboro
Lutterloh, C. M.	Jonesboro
Lutterloh, P. W.	Jonesboro
Pallett, E. M.	Jonesboro
Ratcliff, E. W.	Jonesboro
Walker, B. F.	Jonesboro
Stroud, H. A.	Jonesboro
McAdams, H. H.	Jonesboro
Willett, R. H.	Jonesboro
Alcott, Geo. B.	Weiner
Baird, J. L.	Marked Tree
Paulus, George E.	Marked Tree
Crawford, L. O.	Marked Tree
Barnett, R. M.	Black Oak
Campbell, George C.	Truman
Fisher, Geo. C.	Monette
McDaniels, E. C.	Tyroneza
Smith, O. V.	Bay
Stephens, J. S.	Cash
Coppage, J. M.	Lapanto
Nowlin, R. T.	Lapanto
Bates, A. C.	Lake City
Grady, H. H.	Monette
Harrison, B. L.	Truman
Howell, J. C.	Nettleton
Nisbett, Frank	Brookland
Waddell, G.	Lunsford

CRAWFORD COUNTY

Blakemore, J. T.	Van Buren
Bourland, F. M.	Van Buren
Dibrell, M. S.	Van Buren
Kirkland, Saml. D.	Van Buren
Lucas, Giles	Van Buren
Parchman, W. L.	Van Buren
Trice, J. B.	Van Buren
Galloway, O. R.	Alma
Reves, W. R.	Alma
Mitchell, T. M.	Fort Smith
Mitchell, J. H.	Uniontown
Wigley, J. A.	Mulberry

CRITTENDEN COUNTY

Hicks, W. P.	Earle
Hare, T. S.	Crawfordsville
McVay, L. C.	Marion
Barton, R. W.	Marion
Webb, Floyd	Turrell
Parker, A. C.	Clarksdale
Stevenson, B. M.	Crawfordsville

DALLAS COUNTY

Atkinson, H. H.	Fordyce
Harrison, F. E.	Fordyce
March, C. J.	Fordyce
Wilsen, J. F.	Dalark
Wozncraft, W. L.	Holly Springs
Kelly, M. D.	Wattensaw
Cheatham, H. A.	Princeton
Henry, C. A.	Sparkman
Taylor, Marvin	Sparkman

DESHA COUNTY

MacCammon, Vernon	Arkansas City
Smith, C. P.	Arkansas City
Francis, J. W.	Arkansas City
DeClark, W. H.	McGehee
Furhish, L. P.	McGehee
Smith, H. T.	McGehee
White, B. F.	McGehee
Cheairs, J. T.	Tillar
Cheairs, D. T.	Tillar
Stanley, A. C.	Tillar
Biscoe, Gibbs	Pendleton
Castile, H.	Foreman
Bowles, T. H.	Dumas
Price, C. C.	Dumas
White, J. A.	Dumas

DREW COUNTY

Collins, A. S. J.	Monticello
Corrigan, M. B.	Monticello
Cotham, E. R.	Monticello
Gates, S. M.	Monticello
Kimbrow, S. O.	Monticello
Pope, M. Y.	Monticello
Butler, E. D.	Wilmar
Baker, J. P.	Blissville
Lisenbee, A. M.	Collins
Smith, R. N.	Collins
Wilson, J. S.	Lake Village

FAULKNER COUNTY

Brown, George S.	Conway
Bnefield, C. E.	Conway
Cureton, H. E.	Conway
Dickerson, C. H.	Conway
Greeson, W. R.	Conway
Harrod, George	Conway
Henderson, G. L.	Conway
Huddleston, G. D.	Conway
McCollum, I. N.	Conway
McMahan, J. E.	Conway
Muse, J. M.	Conway
Poindexter, J. C.	Conway
Veris, J. H.	Conway
Westerfield, J. S.	Conway
Summers, J. A.	Mayflower
Watson, T. C.	Mount Vernon

FRANKLIN COUNTY.

Blackburn, E. W.	Ozark
Douglass, Thos.	Ozark
Williams, H. F.	Ozark
Turner, H. H.	Ozark
Porter, W. C.	Ozark
Gibbons, W. H.	Webb City
Weaver, E. R.	Charleston
Morthum, A. C.	Charleston
Neissl, W. M.	Charleston
Sandlin, F. S.	Coal Hill
Akin, W. F.	Branch
Hodges, E. F.	Branch
King, W. H.	Branch
Blekely, J. P.	Alix
Hyden, I. N.	Hunt
Davis, J. H.	Jethro
Vaught, W. E.	Denning
Higgins, J. H.	Altus
Crocker, J. T., R. F. D.	Mulberry
Post, J. L.	Altus
Allen, Chas. S.	Altus

GARLAND COUNTY—HOT SPRINGS.

Garratt, C. E.	Hot Springs
Minor, J. C.	Hot Springs
Simpson, W. F.	Hot Springs
Wilkins, J. S.	Hot Springs
Black, G. N.	Hot Springs
Biggs, Orvis	Hot Springs
Bush, J. W.	Hot Springs
Cassada, B. F.	Hot Springs
Connell, W. H.	Hot Springs
Chesnutt, Jas. H.	Hot Springs
Collings, H. P.	Hot Springs
Dake, C.	Hot Springs
Deaderick, W. H.	Hot Springs
Davis, R. G.	Hot Springs
DeWoody, L. C.	Hot Springs
Drennen, C. Travis	Hot Springs

GARLAND COUNTY—HOT SPRINGS

Continued.

Drennen, D. Edward	Hot Springs
Ellsworth, E. H.	Hot Springs
Ellis, L. R.	Hot Springs
Forbes, W. O.	Hot Springs
Green, J. L.	Hot Springs
Hallman, W. H.	Hot Springs
Holland, T. E.	Hot Springs
Horner, J. S.	Hot Springs
Jelks, J. T.	Hot Springs
King, O. H.	Hot Springs
Laws, W. V.	Hot Springs
Lautman, M.	Hot Springs
Martin, E. H.	Hot Springs
Mount, M. F.	Hot Springs
McConnell, C. A.	Hot Springs
McClendon, J. W.	Hot Springs
Purdum, E. A.	Hot Springs
Prector, J. M.	Hot Springs
Rowland, J. F.	Hot Springs
Sanders, T. E.	Hot Springs
Short, E. N.	Hot Springs
Snyder, W. L.	Hot Springs
Steele, E. B.	Hot Springs
Smith, W. E.	Hot Springs
Smith, J. H.	Hot Springs
Strachan, J. B.	Hot Springs
Strachan, M. M.	Hot Springs
Thompson, M. G.	Hot Springs
Thompson, Loyd	Hot Springs
Tribble, A. H.	Hot Springs
Vaughan, P. T.	Hot Springs
Williams, A. U.	Hot Springs
Winegar, E. F.	Hot Springs
Williams, F. M.	Hot Springs
Weil, S. D.	Hot Springs
Wootton, W. T.	Hot Springs
Tarkington, Grayson	Hot Springs
Tillotson, T. G.	Hot Springs
Eckel, G. M.	Hot Springs
Wade, H. K.	Hot Springs
McKenzie, E. M.	Hot Springs
Stell, J. S.	Hot Springs
Henderson, W. B.	Tucson, Ariz.
Burton, O. H.	Crystal Springs

GRANT COUNTY.

Kelly, O. R.	Sheridan
Butler, J. L.	Sheridan
Blakely, M. M.	Sheridan
Jones, J. E.	Sheridan
Shaw, J. B.	Sheridan
Hope, A. W.	Leola
Capel, C. B.	Grape Vinc
Cole, C. F.	Prattsville

GREENE COUNTY.

Baker, H. S.	Paragould
Bridges, G. P., R. R. 4	Paragould
Boyd, B. F., R. F. D. 6	Paragould
Castleberry, F. L.	Paragould
Dickson, P. L.	Paragould
Ellington, Edgar, R. R. 4	Paragould
Ellington, W. E., R. R. 6	Paragould
Haley, R. J.	Paragould
Hopkins, G. T.	Paragould
Hardesty, C. A.	Paragould
Lamb, Jones	Paragould
McKenzie, J. G.	Paragould
Owens, W. R.	Paragould
Self, G. S., R. F. D. 5	Paragould
Scott, F. M.	Paragould
Kennedy, E. L.	Marmaduke
Bradsher, R. E.	Marmaduke
Hudgins, J. J.	Marmaduke
Ellis, B. E.	Greenway
Hutchins, R. L.	Delaplaines
Blackwood, J. D.	Jonesboro
Cupp, R. W.	Beech Grove
Wood, J. W.	Blytheville

HEMPSTEAD COUNTY.

Cannon, G. E.	Hope
Carriagan, P. B.	Hope
Farrow, W. D.	Hope
Garner, W. M.	Hope
Kelly, John	Hope
Russell, M. V.	Hope
Smith, Don	Hope
Saner, W. F.	Hope
Weaver, Ellis	Hope
Weaver, J. H.	Hope
Alison, Walter G.	Hope
Kolb, A. C.	Hope
Harris, Robert L.	Blevins
Autry, J. R.	Columbus
Garner, T. J.	Washington
McKinney, Z. H.	Fulton

HOT SPRING COUNTY.

Bramlitt, E. T.	Malvern
Hardy, H.	Malvern
Hodges, W. G.	Malvern
McCray, E. H.	Malvern
Phillips, R. Y.	Malvern
Williams, J. M.	Malvern
Cox, J. A.	Donaldson
Berry, M. C.	Camp Pike
Norton, J. M.	Friendship
Blakeley, G. W.	Social Hill

HOWARD COUNTY.

Alford, T. A.	Murfreesboro
Roberts, J. L.	Murfreesboro
Dildy, E. V.	Nashville
Gibson, W. M.	Nashville
Hale, A. W.	Nashville
Hopkins, J. S.	Nashville
Hutchinson, D. A.	Nashville
Teland, W. H.	Nashville
Holt, J. M.	Tokio
Duncan, W. D.	Center Point
Gosnell, C. E.	Ringen
Holcomb, J. T.	Mineral Springs

INDEPENDENCE COUNTY.

Case, J. W.	Batesville
Stark, Craig	Batesville
Dorr, R. C.	Batesville
Gray, F. A.	Batesville
Johnston, Capt. O. J. T.	Batesville
Kennerly, J. H.	Batesville
Lawrence, W. B.	Batesville
Bone, O. L.	Newark
Evans, A. A.	Newark
Pascoe, V. L.	Newark
Poe, L. G.	Newark
Rodman, T. N.	Newark
Roe, J. B.	Newark
Burge, H. G.	Sulphur Rock
Robertson, S. N.	Sulphur Rock
Moore, W. P.	Little Rock
Baldwin, W. S.	Cotter
King, K. W.	Floral
Ball, W. F.	Little Rock
Burge, T. G.	Judsonia
Evans, L. T.	Mt. Pleasant
Jeffery, Paul	Bethesda
McAdams, V. D.	Cord
Woods, O. S.	Salem
Reaves, L. E.	Salado
Kent, B. J.	Oil Trough
Carnett, W. W.	Oil Trough
Woods, T. J.	Little Rock
Smith, H. H.	Calico Rock
Wyatt, W. A.	Rosie

JACKSON COUNTY.

Best, A. L.	Newport
Erwin, I. H.	Newport
Gray, C. R.	Newport
Jones, O. E.	Newport
Stephens, G. K.	Newport
Walker, H. O.	Newport
Watson, E. L.	Newport
Willis, Mrs. L. E.	Newport
Graham, J. S.	Tuckerman
Ivy, J. B.	Tuckerman
Jamison, O. A.	Tuckerman
Kimberlin, K. K.	Tuckerman
Slaydon, L. T.	Tuckerman
Barr, A. F.	Weldon
Boyd, F. M.	Little Rock
Causby, G. A.	Swifton
George C. E.	Gruhbs
Wilson, W. F.	Elmo

JEFFERSON COUNTY.

Breathwit, Wm.	Pine Bluff
Blankenship, W. H.	Pine Bluff
Caruthers, G. K. Jr.	Pine Bluff
Crump, J. F.	Pine Bluff
Jenkins, J. S.	Pine Bluff
Davidson, J. S.	Pine Bluff
Gill, J. F.	Pine Bluff
Hankinson, O. C.	Pine Bluff
John, J. W.	Pine Bluff
Pittman, W. G.	Pine Bluff
Rowell, F. C.	Pine Bluff
Scales, J. W.	Pine Bluff
Glover, C. A.	Pine Bluff
Jordan, A. C.	Pine Bluff
Lenions, J. M.	Pine Bluff
McMullen, E. C.	Pine Bluff
Luck, B. D.	Pine Bluff
Lowe, W. T.	Pine Bluff
Palmer, J. T.	Pine Bluff
Spillyards, J. S.	Pine Bluff
Tankersley, Grace	Pine Bluff

JEFFERSON COUNTY.

Continued.

Withers, J. W.	Pine Bluff
Troupe, A. W.	Pine Bluff
Thompson, G. A.	Pine Bluff
Woodul, T. W.	Pine Bluff
Cunningham, C. J.	Redfield
Hughes, A. A.	New Gascony
Mims, A. D.	Alzheimer
Wood, R. P.	Alzheimer
Shelton, M. A.	Wabbaseka
Ramey, Clyde	Sherrill

JOHNSON COUNTY.

Barger, M. I.	Lamar
Burgess, M. E.	Lamar
Burgess, J. E.	Lamar
Bradley, John F.	Lamar
Gray, L. C.	Clarksville
Hunt, E. H.	Clarksville
Hunt, Wm. R.	Clarksville
Kolh, J. S.	Clarksville
Manly Robert N.	Clarksville
Hardgrave, G. L.	Clarksville
Graves, S. M.	Mt. Levi
Boyer, H. L.	Hartman
Love, John G.	Hartman
Mooney, J. M.	Harmony
Ogilvie, J. W.	Harmony
Patterson, C. H.	Chateau, Okla.

LAFAYETTE COUNTY.

Baker, F. E.	Stamps
Hoover, A. S.	Stamps
McKnight, J. F.	Walnut Hill
Hill, C. H.	McKamie
Youmans, F. W.	Lewisville

LAWRENCE COUNTY.

Hatcher, Wright	Imboden
Henderson, A. G.	Imboden
Smith, W. A.	Walnut Ridge
Land, J. C.	Walnut Ridge
Hughes, J. C.	Walnut Ridge
McCarroll, H. R.	Walnut Ridge
Neece, T. C.	Walnut Ridge
Swindle, J. C.	Walnut Ridge
Watkins, G. M.	Walnut Ridge
Ponder, E. T.	Little Rock
Townsend, C. C.	Malvern
Ball, C. C.	Ravendon
Guthrie, T. C.	Smithville
Johnson, Wm.	Hardy
Morris, J. W.	Black Rock
Robinson, W. J.	Portia
Stephens, J. M.	Hoxie
Stidham, J. H.	Hoxie
Thomas, Earl.	Hoxie
Warren, G. A.	Black Rock

LEE COUNTY.

Bean, W. D.	Marianna
Bogart, M. D.	Marianna
Hughey, M. C.	Marianna
Longley, W. W.	Marianna
Wall, E. D.	Marianna
Williamson, E. L.	Marianna
Harris, M. L.	Aubrey
Bradford, W. S.	Haynes
Appleby, Scott	Haynes
Chaffin, C. W.	Moro
Wilsford, A. L.	Moro
Beaty, W. S.	Vineyard
Russwurm, J. C.	La Grange
White, Harry	Rondo

LITTLE RIVER COUNTY.

Marr, T. C.	Ashdown
Phillips, P. H.	Ashdown
Ringgold, J. W.	Ashdown
York, W. W.	Ashdown
Shirey, W. L.	Foreman
Vaughan, W. E.	Richmond
Cathey, Capt. A. D.	Paris, France

LINCOLN COUNTY.

Tarver, B. F.	Star City
McClendon, J. M.	Gould
Colquitt, J. W.	Grady
Dixon, Chas. W.	Douglass
Thiolliere, A. C.	Varner

LOGAN COUNTY.

McConnell, S. P.	Booneville
Armstrong, N. E.	Booneville
Hornshy, W. W.	Booneville
Stewart, John	Booneville
Jones, W. E.	Little Rock
Jones, H. F. II.	Little Rock
Smith, J. J.	Paris
Smith, A. M.	Paris
Foster, M. E.	Paris
Bennett, W. H.	Paris
Thompson, R. C.	Paris
Harkins, R. A.	Ratcliff
Thompson, H. B.	Fort Smith
Hooper, W. F.	Krebbs, Okla.

LONOKE COUNTY.

Beaty, S. S.	England
Butler, O. C.	England
Carter, C. J.	England
Chenault, J. C.	England
Harris, E. H.	England
Murchison, A. J.	England
Tankersley, J. C.	England
Ward, O. D.	England
White, Luther	England
Benton, T. E.	Lonoke
Corn, F. A.	Lonoke
Cunning, John R.	Lonoke
Mobley, A. L.	Lonoke
Southall, S. A.	Lonoke
Street, H. N.	Lonoke
Udley, F. E., R. F. D. 1	Lonoke
Brewer, John F.	Kerr
Callahan, E. A.	Carlisle
Elliott, J. E.	Carlisle
Granberry, G. W., Sr.	Carlisle
Thibault, H.	Scott
Crowgey, W. B.	Scott
Scruggs, G. W.	Humnoke
Wells, J. B.	Scott

MADISON COUNTY.

Roberts, D. C.	Huntsville
Youngblood, F.	Huntsville
Callen, L. H.	Huntsville
Acree, W. E.	Huntsville
Callen, C. B.	Hindsville
Boon, A. L.	St. Paul
Counts, G. D.	Wesley
Dixon, C. B.	Kingston

MILLER COUNTY.

Beck, E. L.	Texarkana
Collam, S. A.	Texarkana
Dale, J. R.	Texarkana
Dixon, B. E.	Texarkana
Fuller, Earl	Texarkana
Grant, R. L.	Texarkana
Hunt, Preston	Texarkana
Kittrell, T. F.	Texarkana
Kosminsky, L. J.	Texarkana
Lennard, F. M.	Texarkana
Lanier, L. H.	Texarkana
Lee, A. G.	Texarkana
Mann, R. H. T.	Texarkana
Middleton, B. C.	Texarkana
Montgomery, S. K.	Texarkana
Moulton, J. F.	Texarkana
Laws, —	Texarkana
Smith, J. K.	Texarkana
Webster, H. R.	Texarkana
White, J. N.	Texarkana
Bezzell, M. A.	Louisville, Kv.
Baggett, E. A.	Womble

MISSISSIPPI COUNTY.

Brewer, T. G.	Osceola
Harwell, C. M.	Osceola
Howton, O.	Osceola
Crawford, H. F.	Wilson
Craig, E. E.	Wilson
Johnson, I. R.	Blytheville
Smith, F. D.	Blytheville
Sanders, J. F.	Blytheville
Stevens, C. C.	Blytheville
McCall, W. S.	Blytheville
Wilson, C. E.	Blytheville
Saliba, J. A.	Blytheville
Poff, M. F.	Blytheville
Hudson, T. F.	Luxora
Lowdry, S. A.	Luxora
Hamner, J. H.	Marie
Hill, E. V.	Yarbro

MONROE COUNTY.

Gilbrice, A. H.	Clarendon
Houston, Matt	Clarendon
Murphy, N. E.	Clarendon
Thomas, P. E. Jr.	Clarendon
Murphy, F. T.	Brinkley
McKnight, E. D.	Brinkley
Stout, T. J.	Brinkley
Johnson, P. E.	Holly Grove
Sylar, T. B.	Holly Grove
Bradley, W. T.	Monroe
Terry, P. D.	Blackton
Miller, J. C.	Blackton

NEVADA COUNTY.

Buchanan, A. S.	Prescott
Buchanan, G. A.	Prescott
Gee, S. B.	Prescott
Hesterly, J. B.	Prescott
Hesterly, S. J.	Prescott
Reader, A. A.	Prescott
Rice, W. W.	Prescott
Hirst, O. G.	Prescott
Chastain, J. S.	Prescott
Cox, J. E.	Emmett
Nelms, Charles F.	Emmett
Brandon, W. C.	Rosston
Mendenhall, T. J.	Rosston
Whaley, E. S.	Bluff City

OUACHITA COUNTY.

Davison, A.	Camden
Early, C. S.	Camden
Rinehart, J. S.	Camden
Word, N. S.	Camden
Purifoy, W. A.	Chidester
Rushing, J. L.	Chidester
Thompson, Sam	Buena Vista
Byrd, E. J.	Millville
Henry, H. H.	Eagle Mills
Smvth, C. H.	Bearden
Mahan, J. M.	Bearden
Thompson, H. F.	Bearden
Thompson, J. B.	Stephens

PERRY COUNTY.

Jones, R. A.	Houston
Rciff, W. L.	Perryville
Howard, M. E.	Perryville

PHILLIPS COUNTY.

Altman, C. G.	Helena
Butts, J. W.	Helena
Cox, A. W.	Helena
Cox, A. E.	Helena
Ellis, J. B.	Helena
Fink, M.	Helena
King, W. C.	Helena
Henry, M.	Helena
Nichols, J. W.	Helena
Orr, W. R.	Helena
Rembert, J. C.	Helena
Rightor, H. H.	Helena
Russwurm, W. C.	Helena
Trotter, C. H.	Helena
Bean, J. W.	Marvell
Bruce, W. B.	Marvell
Holtzclaw, J. W.	Marvell
Meadors, R. C.	Marvell
Thompson, H. M.	Marvell
Brown, E. T.	Lexa
Brooks, G. A.	Turner
Eubanks, G. W.	Wabash
Kultgen, Edward	Elaine
Parker, Ollie	Elaine
Hall, L.	Turner
Lee, H. W. A.	West Helena

POLK COUNTY.

Fletcher, F. M.	Mena
Hawkins, B. H.	Mena
Hilton, J. G.	Mena
Watkins, P. E.	Mena
Vendiver, W. C.	Mena
Dunmann, R. E.	Wickes
Lee, F. A.	Wickes
Johnson, C. F.	Hathfield
Connolly, D. W.	Hathfield
Mullins, F. C.	Grannis

PRAIRIE COUNTY.

Crow, L. M.	Des Arc
Gilliam, J. C.	Des Arc
Ellis, C. S.	Hazen
Lynn, J. R.	Hazen
Porter, T. G.	Hazen
Hipolite, F. A.	Devall's Bluff
Parker, James	Devall's Bluff

POPE COUNTY.

Darr, R. W.	Atkins
Griffin, E. P.	Atkins
Tate, A. B.	Atkins
Montgomery, W. A.	Atkins
Bryan, C.	Russellville
Drummond, R. M.	Russellville
Campbell, J. M.	Russellville
Hays, J. F.	Russellville
Powell, J. W.	Russellville
Berryman, L. D.	Russellville
Linzy, J. R.	Russellville
Truette, Ed	Dover
Jones, G. W.	Moreland
Rye, A. W.	London
Ross, C. J.	Gumlog

PULASKI COUNTY.

Howell, A. R.	Argenta
Prothro, H.	Argenta
McKinney, A. T.	Argenta
Barlow, M. J.	North Little Rock
Fly, T. M.	Little Rock
Moore, R. B.	Little Rock
Arkebauer, C. A.	Little Rock
Bailey, W. E.	Little Rock
Bathurst, Wm. R.	Little Rock
Bentley, C. E.	Little Rock
Bond, S. P.	Little Rock
Browning, H. W.	Little Rock
Caldwell, Robert	Little Rock
Carmichael, A. L.	Little Rock
Cates, Thos. H.	Little Rock
Chesnutt, C. R.	Little Rock
Crawford, S. R.	Little Rock
Cunningham, J. C.	Little Rock
Dav, E. O.	Little Rock
Daly, M. G.	Little Rock
Darnall, R. F.	Little Rock
Davis, E. N.	Little Rock
Dooley, J. B.	Little Rock
Dibrell, J. L.	Little Rock
Dickinson, M. F.	Little Rock
Dibrell, J. R.	Little Rock
Dunaway, W. C.	Little Rock
Estes, S. J.	Little Rock
Eubanks, R. M.	Little Rock
Freedman, Theo.	Little Rock
French, F. L.	Little Rock
Fremeyer, W. N.	Little Rock
Garrison, C. W.	Little Rock
Gibson, L. P.	Little Rock
Gray, Oscar	Little Rock
Gray, W. E.	Little Rock
Hardeman, D. R.	Little Rock
Hinkle, S. B.	Little Rock
Hodges, E. E.	Little Rock
Hudson, E. M.	Little Rock
Hughes, W. B.	Little Rock
Jobe, A. L.	Little Rock
Johnston, E. E.	Little Rock
Judd, O. K.	Little Rock
Kirby, H. H.	Little Rock
Kirk, C. C.	Little Rock
Kory, R. C.	Little Rock
Lamb, W. A.	Little Rock
Lenow, Jas. H.	Little Rock
McCaskey, M. D.	Little Rock
McCormack, G. A.	Little Rock
McCurry, W. T.	Little Rock
McGill, A. G.	Little Rock
McRae, W. M.	Little Rock
Maxwell, R. L.	Little Rock
Manglesdorf, W. F.	Little Rock
May, W. S.	Little Rock
Meck, E.	Little Rock
Miller, W. H.	Little Rock
Murphy, Pat.	Little Rock
Neighbors, J. E.	Stuttgart
Oates, Charles E.	Little Rock
Ogden, M. D.	Little Rock
Pate, C. N.	Little Rock
Prothro, E. W.	Little Rock
Higgins, Homer A.	Little Rock
Lee, D. C.	Little Rock
Mumey, Nolie	Little Rock
Rose, W. D.	Little Rock
Robinson, F. C.	Little Rock
Wilkes, E. H.	Little Rock
Pemberton, E. M.	Little Rock
Pettus, C. S.	Little Rock
Reagan, L. D.	Little Rock
Reed, C. C.	Little Rock
Rhinehart, D. A.	Little Rock
Runyan, J. P.	Little Rock
Sadler, W. L.	Little Rock
Saxon, R. L.	Little Rock
Scarborough, J. I.	Little Rock
Scott, C. V.	Little Rock
Scroggins, J. H.	Little Rock
Shipp, A. C.	Little Rock
Sheppard, J. P.	Little Rock
Shinault, C. R.	Little Rock

PULASKI COUNTY.

Continued.

Smith, Morgan	Little Rock
Smith, W. F.	Little Rock
Snodgrass, W. A.	Little Rock
Strauss, A. W.	Little Rock
Stroupe, H. V.	Little Rock
Stover, A. R.	Little Rock
Thompson, G. D.	Little Rock
Vaughan, Milton	Little Rock
Vaughter, S. P.	Little Rock
Villars, H. F.	Little Rock
Vinsonhaler, F.	Little Rock
Walt, D. C.	Little Rock
Watkins, Anderson	Little Rock
Watkins, John G.	Little Rock
Wayne, J. R.	Little Rock
Wayman, A. K.	Little Rock
Wilson, Olive	Little Rock
Witt, C. E.	Little Rock
Zell, A. M.	Little Rock
Doyne, C. R.	Lonoke
Jewell, I. H.	Paris
Overstreet, W. C.	Jonesboro
Moncrief, J. J.	Bigelow
McCracken, C. P.	Jonesboro
Mahoney, P. L.	Little Rock

RANDOLPH COUNTY.

Hamil, W. E.	Pocahontas
Hughes, W. E.	Pocahontas
Hall, L. H.	Pocahontas
Schide, Carl	Pocahontas
Throgmorton, H. L.	Pocahontas
Brown, J. W.	Pocahontas
Spikes, J. M.	Swartz
Johnston, J. J.	Biggers
Hull, H. B.	Ravenden Springs
Johnson, T. Z.	Walnut Ridge
Johnson, R. R.	Corning

SALINE COUNTY.

Crawford, J. B.	Benton
Gann, Dewell	Benton
Kelly, W.	Benton
Melton, J. W.	Benton
Phillips, J. W.	Benton
Walton, J. W.	Benton
Ward, W. W.	Alexandar
Gann, Dewell, Jr.	Little Rock
Prickett, C.	Traskwood
Gwaltney, B.	Haskell
Vines, R. P.	Bauxite
Simpson, W. S.	Bland
Wright, C. C.	Mabelvale
Lanning, W. B.	Baumont, Texas

SEBASTIAN COUNTY.

Moulton, E.	Fort Smith
Brooksher, S. L.	Fort Smith
Brooksher, W. B.	Fort Smith
Buckley, J. H.	Fort Smith
Cooper, St. Cloud	Fort Smith
Dorente, D. B.	Fort Smith
Eberle, J. G.	Fort Smith
Eberle, Walter	Fort Smith
Epler, E. G.	Fort Smith
Foltz, Jas. A.	Fort Smith
Foster, J. H.	Fort Smith
Foster, M. E.	Fort Smith
Goldstein, D. W.	Fort Smith
Hardin, A. F.	Fort Smith
Harrod, R. T.	Fort Smith
Hampson, J. K.	Fort Smith
Hoge, A. F.	Fort Smith
Holt, C. S.	Fort Smith
King, H. C.	Fort Smith
Johnston, Hugh	Fort Smith
Johnson, J. E.	Fort Smith
Lindsev, E. L.	Fort Smith
Moulton, H.	Fort Smith
McKelvey, A. A.	Fort Smith
McGinty, J. M.	Fort Smith
Riddler, P. A.	Fort Smith
Rose, Willis	Fort Smith
Wilson, Cons P.	Fort Smith
Ryan, I. M.	Fort Smith
Taylor, J. M.	Fort Smith
Southard, J. D.	Fort Smith
Smith, H. H.	Fort Smith
Wvatt, R. B.	Fort Smith
Hall, C. W.	Greenwood
Perry, J. T.	Greenwood
Means, C. S.	Jenny Lind
Morrisv, A. J.	San Antonio, Texas
Parks, E. F.	Bonanza
Neal, J. Hal	Beggs, Okla.
Wolfman, S. J.	St. Louis, Mo.
Jones, E. B.	Hartford

SEARCY COUNTY.

Cotton, J. O.	Leslie
Feadley, E. G.	Leslie
Robertson, L. D.	Leslie
Daniel, J. G.	Marshall
Melton, A. S.	Marshall
Wood, H. W.	Marshall
Dickins, G. W.	Shirley
Moore, W. T.	Gilbert
Henley, J. A.	St. Joe
Hamm, S. G.	Eula
Rogers, W. F.	St. Joe

ST. FRANCIS COUNTY.

Alley, W. H.	Forrest City
Bogart, J. A.	Forrest City
Boggan, P. P.	Forrest City
McCowan, N. C.	Forrest City
Merritt, L. M.	Forrest City
Pelton, D. A.	Forrest City
Rush, J. O.	Forrest City
Sumerford, T. D.	Widener
Winters, W. A.	Widener
Reynolds, J. C.	Wynne
Caldwell, A. B.	Caldwell
Darnall, E.	Widener

SEVIER COUNTY.

Archer, C. A.	DeQueen
Hendricks, J. S.	DeQueen
Hopkins, E. L.	DeQueen
Kennedy, J. R.	DeQueen
Kitchens, C. E.	DeQueen
Owens, A. P.	DeQueen
Clingan, A. J.	Lockesburg
Graves, J. C.	Lockesburg
Norwood, M. L.	Lockesburg
King, Edgar	Ben Lomond
Musser, J. F.	Dierks
Dickinson, R. C.	Horatio
Isbell, F. T.	Horatio
Hendrix, B. E.	Gillham

UNION COUNTY.

Brewer, J. M.	El Dorado
Mitchell, J. G.	El Dorado
Miles, W. L.	El Dorado
Moore, J. A.	El Dorado
Mahoney, F. O.	El Dorado
McGraw, S. J.	El Dorado
Niehuss, H. H.	El Dorado
Nolan, J. W.	El Dorado
Morgan, T. M.	El Dorado
Purifoy, L. L.	El Dorado
Wharton, J. B.	El Dorado
Murphy, H. A.	Wesson
Murphy, George W.	Strong
Mayfield, A. M.	Shuler
Burns, Robert Paul	Calion
Spear, B. N.	Wesson
Stewart, C. A.	Three Creeks
Elkins, W. N.	Junction City
Rowland, R. E.	Little Rock
Irhv, F. L.	Wesson
Sell, J. I.	Mt. Holly

WASHINGTON COUNTY.

Bearden, J. M.	Springdale
Christian, O.	Springdale
Henry, R. T.	Springdale
Martin, J. E.	Springdale
Ellis, E. F.	Fayetteville
Gabbert, W. T.	Fayetteville
Gregg, A. S.	Fayetteville
Harr, H. T.	Fayetteville
Hardin, Nina, V.	Fayetteville
Lavson, Z. C.	Fayetteville
Miller, Otev	Fayetteville
Moore, A. I.	Fayetteville
Paddock, C. B.	Fayetteville
Southworth, James	Fayetteville
Wood, H. D.	Fayetteville
Walker, J. W.	Fayetteville
Batchelder, F. P.	Farmington
Swift, Charles E.	Elkins
Mock, W. H.	Prairie Grove
McCormick, E. G.	Prairie Grove
Brewster, J. H.	Prairie Grove
Graves, H. W.	Elm Springs
Hathcock, P. L.	Lincoln
Cannon, J. S.	West Fork

WHITE COUNTY.

Cleveland, J. C.	Bald Knob
Clark, W. A.	Bald Knob
Abington, E. H.	Beebe
Abington, W. H.	Beebe
Brewer, T. E.	Beebe
Barr, A. D.	Beebe
Hassell, J. W.	Searcy
Harrison, A. G.	Searcy
Jelks, J. M.	Searcy
Jones, J. L.	Searcy
Moore, L. E.	Searcy
Runyan, J. R.	Searcy
Tapscott, S. T., Jr.	Searcy

WHITE COUNTY.

Continued.

McAdams, J. C.	Pangburn
Fraser, N. E.	Pangburn
Peeler, C. M.	Pangburn
Lovell, J. N.	Bradford
West, W. J.	El Paso
Hardy, F. P.	Center Hill
Hall, H. J.	Higden
Hassell, A. B.	Rose Bud
Hudgins, A. H.	Griffithville
Allbright, S. J.	Kensett
Doggett, Sylvester	Decomia, Okla.

WOODRUFF COUNTY.

Biles, J. K.	Augusta
Brewer, E. F.	Augusta
Duncan, C. E.	Augusta
Patterson, N. Q.	Augusta
Smith, R. N.	Augusta
Bradford, T. B.	Cotton Plant
Brown, H. B.	Cotton Plant
McKnight, C. H.	Cotton Plant
Brewster, E.	McCrory
Maguire, F. C.	Gregory

YELL COUNTY.

Linzy, C. B.	Plainview
Montgomery, H. L.	Gravelly

(Notify Dr. Wm. R. Bathurst, Secretary, Little Rock, if errors in names and addresses are discovered.)

New and Nonofficial Remedies.

ALBUTANNIN-CALCO.—A nonproprietary brand complying with the standards for albutannin. The Calco Chemical Co., New York.

ACETANNIN-CALCO.—A brand of acetannin complying with the standards of New and Nonofficial Remedies. The Calco Chemical Co., New York.

AMPOULES PITUITARY SOLUTION—HOLLISTER-WILSON, 1 CC.—Each ampoule contains pituitary solution.—Hollister-Wilson, 1 cc. (Journal A. M. A., November 29, 1919, p. 1699).

ALBUTANNIN-MERCK.—Merck & Co. have adopted the name albutannin for the product accepted as tannin albuminate exsiccated, Merck (see supplement to New and Nonofficial Remedies, 1919, p. 12)—(Journal A. M. A., November 1, 1919, p. 1363).

TABLETS CINCHOPHEN—ABBOTT, 7½ GRAINS.—Each tablet contains 7½ grains cinchophen, Abbott. Cinchophen was first introduced as atophan and is in the U. S. Pharmacopeia as *acidum phenyleinchoninicum*. The Abbott Laboratories, Chicago.

ACETANNIN—TANNYL ACETATE.—The acetic acid ester of tannin. Acetannin was first introduced as tannigen. Acetannin is claimed to be practically nonirritant to the stomach and to pass unchanged into the intestine, there to become effective as an astringent. It is used in diarrheal affections.

PITUITARY SOLUTION—HOLLISTER-WILSON.—**LIQUOR HYPOPHYSIS.**—A sterilized solution of the water soluble extract of the posterior portion of pituitary glands of cattle, preserved by the addition of chlorbutanol. It is standardized according to the method of Rota

and complies with the U. S. P. standard. The Hollister-Wilson Laboratories, Chicago.

ACRIFLAVINE.—This is 3:6 diamino acridine sulphate. For a discussion of the actions, uses and dosage, see above. Acriflavine is a brownish-red, odorless, crystalline powder, soluble in less than two parts of water and in alcohol, forming dark red solutions which fluoresce on dilution. It is nearly insoluble in ether, chloroform, liquid petrolatum, fixed oils and volatile oils.

ANTIPNEUMOCOCCIC SERUM, COMBINED TYPES I, II AND III—GILLILAND.—Prepared by immunizing horses with dead and living pneumococci of the three fixed types and standardized against Type I culture. Marketed in 50-cc. gravity injecting packages, and also in 50-cc. and 100-cc. vial packages. The Gilliland Laboratories, Ambler, Pa. (Journal A. M. A., November 8, 1919, p. 1442).

PROFLAVINE.—This is 3:6 diamino acridine sulphate. For a discussion of the actions, uses and dosage, see the preceding article, Acriflavine and Proflavine. Proflavine is a reddish-brown, crystalline powder. It is soluble in water and alcohol, forming brownish solutions which fluoresce on dilution. It is nearly insoluble in ether, chloroform, liquid petrolatum, fixed oils and volatile oils (Journal A. M. A., November 8, 1919, p. 1443).

ALBUTANNIN.—TANNIN ALBUMINATE EXSICCATED.—A compound of tannin and albumin, thoroughly exsiccated and containing about 50 per cent of tannic acid in combination. It was first introduced as tannalbin. The use of albutannin is based on the assumption that the tannin compound passes the stomach largely unchanged and thus as astringent action will be exercised in the intestine where the compound will be decomposed by

the intestinal fluid, slowly liberating the tannic acid. Albutannin is used in diarrhea, particularly in that of children, and in phthisis.

ACRIFLAVINE AND PROFLAVINE.—These are dyes derived from acridine, a base found in coal tar. Their use in medicine is proposed on the claim that they have high antiseptic power, together with comparative freedom from toxic or irritant action and without inhibiting effect on the phagocytic action of leukocytes or on the healing process. They have been used as wound antiseptics, and acriflavine has also been proposed for the treatment of gonorrhea. The reports on the value of the two preparations are contradictory and conflicting. In the treatment of wounds, solutions of 1:1,000 in physiologic sodium chlorid solution are commonly recommended. In gonorrhea, a strength of 1:1,000 in physiologic sodium chlorid solution is used for an injection into the urethra, and weaker solutions have been used for lavation.

Propaganda for Reform.

URI-NA TEST.—The URI-NA Test, sold by the Standard Appliance Co., Philadelphia, bears a strong family resemblance to Capellis Uroleutic Test. Both are said to permit the detection of syphilis by an examination of urine. There is no method known at the present time by which the absence or presence of syphilis can be determined by a simple color test of the urine (Journal A. M. A., November 22, 1919, p. 1630).

PINOLEUM.—A post card advertising Pinoleum implies that Alexander Lambert, president of the American Medical Association, endorses this nostrum. Dr. Lambert has never used the Pinoleum products, and protests against the dishonest method of advertising them. Pinoleum has long been advertised to the public via the medical profession. Its life history is that of the typical nostrum. Epidemics are utilized as opportunities for pushing the product. As the Pinoleum Company now misuses the name of Dr. Lambert, so it made the false use of the name of Dr. George W. McCoy, of the U. S. Public Health Service (Journal A. M. A., November 1, 1919, p. 1380).

VACCINES IN INFLUENZA.—The efficacy of vaccines in preventing influenza or of pre-

venting or decreasing the severity of secondary infections is unproved. In view of the varying preponderance of the different organisms isolated from influenza cases, it is evident that even if a certain mixture is found efficacious in one locality, it may not be effective in another. Thus far, hope and imagination have exceeded scientifically controlled facts. Many vaccines come highly recommended by their manufacturers; but very little dependable evidence is submitted to show how much, if at all, the patient will profit therefrom (Journal A. M. A., November 15, 1919, p. 1544).

SOME MORE MISBRANDED NOSTRUMS.—The following preparations have been found to be misbranded under the Federal Food and Drug Act: Fruitatives, sold under the false claims that the laxative properties were due to the fruit extract; Tubbs' Bilious Man's Friend, a water-alcohol solution of sugar and plant extractives (rhubarb), with a very small amount of aromatics; Deerfield Water, consisting in part of a filthy, decomposed and putrid animal and vegetable substance; Mederine, a water-alcohol solution of sugar, potassium iodid, methyl salicylate, salicylic acid, glycerin and laxative plant extractives; and Robinson Spring Water, falsely claimed to be effective in Bright's disease, diabetes, gout, rheumatism, indigestion, etc. (Journal A. M. A., November 8, 1918, p. 1458).

ACRIFLAVINE AND PROFLAVINE.—Tentative descriptions and standards for acriflavine and proflavine are published in New and Nonofficial Remedies for the information of manufacturers, pharmacists and physicians. In view of numerous inquiries regarding the therapeutic properties of these dyes which have been received by the Council on Pharmacy and Chemistry, the Council has prepared an abstract of the available literature on the subject. From this review it is evident that the use of the dyes is in the experimental stage and that their value cannot be definitely judged. Of the thirty-four reports which are abstracted, twenty-five may be considered as favorable; seven are distinctly unfavorable, and two are in the doubtful class (Journal A. M. A., November 15, 1919, p. 1542).

MEDINAL.—Medinal is a proprietary name applied to barbital sodium (sodium diethylbarbiturate), the sodium salt of barbital (diethylbarbituric acid, first introduced as vero-

nal). The Council on Pharmacy and Chemistry reports that Medinal was omitted from New and Nonofficial Remedies in 1916 because the advertising issued by Schering & Glatz (who then acted as agents for the German manufacturer) contained misleading and unwarranted therapeutic claims. The Council further reports that Medinal, said to be manufactured in the United States, is now marketed by Schering & Glatz, Inc., but that the claims which are made for it are still unwarranted and prevent the acceptance of it for New and Nonofficial Remedies (Journal A. M. A., November 15, 1919, p. 1542).

THE ELI PRODUCTS OF ELI H. DUNN.—Physicians are receiving advertising matter from a concern that seems to operate under various names, such as "E. H. Dunn & Co.," "Eli H. Dunn," "Eli Laboratory," etc. The concern is located in Kansas City, Mo. It advertises "Eli 606 Capsules," "Eli Vaginal Capsules," "Eli 'Vim' Restorative," and an intravenous nostrum, "Ampules Eli Venhydrarsen." "Dunn's Intravenous and Restorative Treatment" is advised for the treatment of hysteria, and a price to the patient of three hundred dollars is suggested. The gross commercialism that permeates the advertising again illustrates the fact that the fad for intravenous medication offers an attractive field for those who would exploit our profession (Journal A. M. A., November 22, 1919, p. 1628).

OLIVE OIL AS A LAXATIVE.—In order that digestible oils may act as laxatives, it is necessary to give more than can be digested and absorbed. In the case of an infant, this may be one or more teaspoonfuls daily, beginning with small dosages and increasing them until the desired effect is obtained. For adults, one or two tablespoonfuls may have to be given three times daily, either an hour before meals or two hours after meals. Olive oil may be taken mixed with hot milk or floating in fruit juice. Olive oil might be particularly serviceable in spastic constipation in an emaciated individual. The use of olive oil as a laxative would be contraindicated in obesity, diabetes, gastric atony and in hypochlorhydria, as well as in those inclined to biliousness (Journal A. M. A., November 8, 1919, p. 1441).

COTARNIN SALTS (STYPTICIN AND STYPTOL).—The Council on Pharmacy and Chemistry

announces the omission of Cotarnin Salts (Stypticin and Styptol) from New and Nonofficial Remedies. Salts of the base cotarnin have been used as local and systemic hemostatics. The hydrochlorid was first introduced as "Stypticin" and is now in the pharmacopeia as cotarnin hydrochlorid. The phthallic acid salt of cotarnin—cotarnin phthallate—was introduced as "Styptol." In 1918, Stypticin was omitted from New and Nonofficial Remedies because the former American agents were no longer offering it for sale. Styptol was retained and is described in N. N. R., 1919. As was pointed out in the description (N. N. R., 1919), the evidence for the usefulness of the cotarnin salts has been contradictory and unsatisfactory. Now, P. J. Hanzlik has made a thorough investigation of the efficiency of hemostatics and has shown the inefficiency of cotarnin salts. The evidence was so definite that the Council has directed the omission of the general article on cotarnin salts and the description of Styptol from New and Nonofficial Remedies (Journal A. M. A., November 22, 1919, p. 1628).

PHYLACOGENS.—A circular letter devoted to singing the praises of "Pneumonia Phylacogen" contains this: "Pneumonia Phylacogen has been found to be a dependable means of preventing and treating pneumonic complications of influenza. In one large city it became a routine measure to give all persons affected with influenza an injection of Pneumonia Phylacogen as a prophylactic of pneumonia. The results were remarkable. Not only did the cases improve rapidly, but in a majority of them the pneumonia did not occur." The injection of Phylacogen is simply the administration of a mixture of the filtered products of several bacterial species. The results that follow represent the reaction of the bacterial proteins—a reaction for good or evil. There is no scientific evidence to show that they possess any specific prophylactic virtue. To recommend their use in patients with influenza, as a prophylactic against pneumonia, is unwarranted; and the physician who acts on the advice of the manufacturer must assume the responsibility of the results. In case of mishap, he cannot fall back on the manufacturer. He will find no scientific evidence to support him (Journal A. M. A., November 15, 1919, p. 1442).

LAVORIS.—In recent years, Lavoris has been widely advertised as “The Ideal Oral Antiseptic,” particularly to the dental profession. In 1913 a card was sent out, according to which each pint of Lavoris contained zinc chlorid, 1.040; resordin, 0.520; menthol, 0.400; saccharin, 0.195; formalin, 0.195; cl. cassia zeyl., 0.780; cl. caryophyl., 0.195. Advertisements now appearing repeat the “formula,” except that resorcin is omitted. The formula is indefinite and misleading in that no denomination of weight is given for the various constituents. Analysis in the A. M. A. Chemical Laboratory demonstrated that the Lavoris now sold contains no resorcin and that the zinc content is equivalent to 0.1 gm. per 100 cc. (about one-half grain to the ounce). As the analysis shows that the “formula” is not only meaningless because no denomination of weight is given, but that the zinc content is inaccurate for any denomination which might be assumed, the Council on Pharmacy and Chemistry declares the composition of Lavoris essentially secret. The Council also reports that Lavoris is advertised to the public indirectly with claims that are unwarranted and objectionable from the standpoint of public safety. Further, the Council reports that the name is objectionable in that it does not indicate the composition or potent ingredients of the mixture and that the composition is irrational in that the user is likely to ascribe a false and exaggerated value to it (Journal A. M. A., November 1, 1919, p. 1380).

MICAJAH'S WAFERS AND MICAJAH'S SUPPOSITORIES.—The Council on Pharmacy and Chemistry reports that “Micajah's Medicated Wafers” formerly called “Micajah's Medicated Uterine Wafers”) and “Micajah's Suppositories, sold by Micajah & Co., Warren, Pa., are inadmissible to New and Nonofficial Remedies, because: (1) their composition is essentially secret; (2) the name of neither of these mixtures is indicative of its composition; (3) of unwarranted and exaggerated therapeutic claims, and (4) the therapeutic advice which accompanies the trade packages constitutes an indirect advertisement to the public. The “wafers” were analyzed in the A. M. A. Chemical Laboratory in 1910 and found to consist essentially of dried (“burnt”) alum, boric acid and borax. The suppositories were recently examined in the A. M. A. Chemical Laboratory, and, like the “wafers,” were found to contain alum, boric acid and borax

—and these substances practically alone—incorporated in cocoa butter. The company claims that “to these have been added ammonii ichthyosulphonate, balsam of Peru, ext. belladonna.” The A. M. A. chemists report, however, that if extract of belladonna is present at all, it is in amounts too small to be detected by the methods commonly employed in the chemical examination of alkaloidal drugs.

The chemists report further that while ammonium ichthyosulphonate and balsam of Peru both have a decided odor and a dark color, the suppositories have but little color, and the odor of cocoa butter which forms their base is not covered by these drugs. Obviously, therefore, if ammonium ichthyosulphonate and balsam of Peru are present at all, the amounts are utterly insufficient to exert any therapeutic effect (Journal A. M. A., November 29, 1919, p. 1715).

County Societies.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec'y.)

The Lawrence County Medical Society held its regular monthly meeting in Walnut Ridge Wednesday, November 5, 1919, at the office of Dr. J. C. Land.

Dr. C. C. Ball read a paper on “Pneumonia Following Influenza;” Dr. A. G. Henderson on “Diphtheria,” and Dr. J. C. Swindle on “Intravenous Injection of Quinin.” All of these papers elicited a lively discussion and the joint debate would have done credit to the State Society.

Dr. J. O. Hatcher of New Mexico was a visitor and all were glad to see his smiling face again. He was formerly an honored and active member of this organization, and we thought it was very nice of him to come around and renew old acquaintances.

Dr. M. Allen, located at Walnut Ridge, will join the society and was present at this meeting.

Drs. J. C. Land, G. A. Warren and J. C. Swindle were appointed a committee to draft resolutions of respect to Dr. C. P. Meriwether, who died in Little Rock last week. He was one of the pioneer members and founders of our society and one of the best physicians that ever lived in our county as well as in the

State, and, as physicians, we join his family in mourning his loss.

In point of interest and numbers, this was one of the best meetings our society has had for some time. We hear that many of our people do not know that the Lawrence County Society is one of the best in the state, and we hope that our example may stimulate others.

The following members and visitors were present: G. Max Watkins, G. A. Warren, Earle Thomas, J. C. Swindle, J. H. Stidham, W. J. Robinson, J. W. Morris, H. R. McCarroll, J. C. Land, A. G. Henderson, J. O. Hatcher, C. C. Ball and M. Allen.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec'y.)

The Lawrence County Medical Society held its regular monthly meeting at Hoxie, Wednesday, December 3, 1919, at 4:00 o'clock p. m., in the rooms at the Baptist Church.

Dr. G. Max Watkins was the only essayist present at the meeting, but he had a good paper which was worth the cost of the meeting. At the close of this paper the ladies of the church had prepared an excellent feast in our behalf, and as they announced that it was ready just at this time, there was no one caring anything about professional things, but were intensely interested in matters more vital from a physical standpoint, and while we have had the pleasure of being present at several banquets, we do not recall one where everything seemed to be so ideally prepared as was this one. It was truly a great supper and will long be remembered by all present, and we again wish to thank the ladies for their extra efforts in our behalf, for just at that time it did not seem to be so bad to be a doctor after all.

The society then reassembled, and after the payment of dues by all present, proceeded to the election of officers for the ensuing year.

C. C. Ball was elected president; J. C. Land, vice president; H. R. McCarroll, secretary; Earle Thomas, delegate to the State Society meeting, and G. Max Watkins, alternate delegate.

Committee on Public Health and Legislation—G. A. Warren, J. C. Land, J. C. Hughes.

Censors—T. C. Guthrie, J. M. Stephens, W. J. Robinson.

Present: C. C. Ball, J. C. Hughes, J. C. Land, J. W. Morris, H. R. McCarroll, W. J. Robinson, J. H. Stidham, Earle Thomas, G. A. Warren, G. Max Watkins.

Book Reviews.

THE MEDICAL CLINICS OF NORTH AMERICA (Baltimore Number).—Volume II, No. 6. Index number. May, 1919. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year, \$10.00.

An interesting case in this number is by Dr. Lewellys F. Barker, illustrating the condition known as combined sclerosis of the posterior and lateral funiculi, or funicular myelitis. Many cases from other clinics are given.

THE SURGICAL CLINICS OF CHICAGO.—June, 1919. Volume III, No. 3, with 118 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year, \$10.00.

In this number twenty different clinics are given. In the clinics of Dr. Victor D. Lespinnasse at the Northwestern University Medical School he presents the subject of "Sterility"—methods of determining the cause of sterility in male and female; technic of uterine insemination; treatment of sterility in both sexes.

PSYCHIATRIC-NEUROLOGIC EXAMINATION METHODS.—With special reference to the significance of signs and symptoms. By Dr. August Wimmer, director St. Hans Hospital, Roskilde, near Copenhagen, Denmark. Authorized translation by Andrew W. Hoisholt, M. D., San Francisco, Cal. Published by C. V. Mosby Company, St. Louis, Mo., 1919. Price, \$2.00.

This little volume is a valuable guide and physicians will find it useful in making psychiatric-neurologic examinations. It is divided into three chapters—first, Anamnesis; second, the Psychic State; third, the Somatic State.

THE PHYSICIANS' VISITING LIST FOR 1920.—Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price, \$1.75.

Sixty-nine years ago the first edition of this list was published and it still remains a favorite with the general practitioner. While it is an old annual, it is by no means aged, for it has kept abreast of the changes in science and medicine during all these years and has, therefore, grown young in ageing.

The regular editions are dated beginning with January 1, 1920, and are made up in sizes for twenty-five patients weekly; fifty patients weekly; fifty patients weekly in two volumes; seventy-five and one hundred patients weekly in two volumes. Perpetual editions and monthly editions are undated. The perpetual edition is made up for twenty-five and fifty patients weekly. The monthly edition is plain and with flap.

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

DIRECTORY

OF THE

COUNTY SOCIETIES OF THE ARKANSAS

MEDICAL SOCIETY

1919

COUNTY.	PRESIDENT.	ADDRESS.	SECRETARY.	ADDRESS.
ARKANSAS.....	A. Fowler, M.D.	Humphrey	E. B. Swindler, M.D.	Stuttgart
ASHLEY.....	A. E. Cone, M.D.	Portland	J. W. Simpson	Hamburg
BAXTER.....	W. C. Tipton, M.D.	Mountain Home	J. J. Morrow, M.D.	Cotter
BENTON.....	W. J. Curry, M.D.	Rogers	C. A. Rice, M.D.	Rogers
BOONE.....	J. C. Blackwood, M.D.	Harrison	F. B. Kirby, M.D.	Harrison
BRADLEY.....	D. A. Jackson, M.D.	Vick	W. L. Hartsell, M.D.	Warren
CARROLL.....	J. F. John, M.D.	Eureka Springs	R. H. Huntington, M.D.	Eureka Springs
CALHOUN.....			T. F. Rhine, M.D.	Thornton
CHICOT.....	E. P. McGehee, M.D.	Lake Village	B. C. Clark, M.D.	Lake Village
CLARK.....				
CLAY.....	R. Lynch, M.D.	Success	N. J. Latimer, M.D.	Corning
CLEVELAND.....	J. S. McMurtrey, M.D.	Rison	H. O. Wilson, M.D.	Rison
COLUMBIA.....	H. M. Kitchens, M.D.	Waldo	J. J. Baker, M.D.	Magnolia
CONWAY.....	C. O. Lewis, M.D.	Morrilton	A. L. Goatcher, M.D.	Plumerville
CRAIGHEAD.....	W. W. Jackson, M.D.	Jonesboro	C. M. Lutterloh, M.D.	Jonesboro
CRAWFORD.....			S. D. Kirkland, M.D.	Van Buren
CRITTENDEN.....	B. M. Stevenson, M.D.	Crawfordsville	L. C. McVay, M.D.	Marion
DALLAS.....	H. H. Atkinson, M.D.	Fordyce	C. J. March, M.D.	Fordyce
DESHA.....			H. T. Smith, M.D.	McGehee
DREW.....	M. Y. Pope	Monticello	A. S. J. Collins, M.D.	Monticello
FAULKNER.....	I. N. McCollum, M.D.	Conway	J. S. Westerfield, M.D.	Conway
FRANKLIN.....	H. F. Williams, M.D.	Ozark	Thos. Douglass, M.D.	Ozark
GARLAND.....	J. T. Jelks	Hot Springs	O. H. King, M.D.	Hot Springs
GRANT.....	C. F. Cole, M.D.	Prattsville	J. E. Jones, M.D.	Sheridan
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HOT SPRING.....	E. T. Bramlitt, M.D.	Malvern	W. G. Hodges, M.D.	Malvern
HOWARD.....	D. A. Hutchinson, M.D.	Nashville	J. S. Hopkins, M.D.	Nashville
INDEPENDENCE.....			J. B. Roe, M.D.	Newark
JACKSON.....	O. E. Jones, M.D.	Newport	I. H. Erwin, M.D.	Newport
JEFFERSON.....	M. A. Shelton, M.D.	Wabbaseka	J. F. Gill, M.	Pine Bluff
JOHNSON.....	R. N. Manley, M.D.	Clarksville	Earle H. Hunt, M.D.	Clarksville
LAFAYETTE.....			F. W. Youmans, M.D.	Lewisville
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Original Articles.

INFECTION EXHAUSTION PSYCHOSSES.*

By C. C. Kirk, M. D.,
Little Rock.

The infection exhaustion psychoses have taken a more prominent place in mental disorders since the late epidemic of influenza. This epidemic with its complications and sequelae, coming as it did at a time when humanity was suffering most severe stresses and strains, produced a very marked increase in the mental disorders of this group. Out of 1,054 first admissions during the last year in the State Hospital for Nervous Diseases, 42 of the cases were diagnosed infection exhaustion psychoses; number of cases due to influenza, 18; phthisis, 10; pneumonia, 7; typhoid fever, 1; puerperium, 1; malaria, 1; diabetes mellitus, 1; infected teeth, 1; nephritis, 1; heart disease, 1.

They represent a fairly clean-cut clinical picture which is the result of the intoxication of brain tissue. The toxins may result from disordered metabolism, or the products of bacterial growth, or an auto-intoxication resulting from severe hemorrhage, prolonged stresses, strains, *et cetera*. Nerve tissues, which have certain functions to perform, will be interfered with by these intoxications resulting in certain symptoms, which, of course, depend upon the duration and severity of the intoxication and on the mental stability of the individual.

Speaking generally, fever and infection, like alcohol, is to a certain extent a measure of the mental stability of the individual. We have seen cases who have had a fever of 106 degrees with no mental disturbance; on the other hand, we have seen cases with only a

slight infection develop severe mental symptoms. It has been assumed, therefore, that the early development of delirium is a bad sign indicating that the nervous system is seriously involved.

The most characteristic symptoms of this group of mental disorders are confusion, clouding of consciousness, multiform illusions, hallucinations, transitory delusions, changes in the emotional reactions in conjunction with a specific infection, physical signs of exhaustion and emaciation.

In studying the functions of nerve tissue, we assume that it maintains its own nutrition. Consciousness is brain cells in action. Interference with function can take place in two directions, increase or decrease. Small damage to a cell may cause an increase in excitability. Any disturbance or interference with the various brain pathways produces an inaccurate grasp of the surroundings. As you know, these patients are not successful in understanding their surroundings, because they are incompletely perceived, which produces abnormalities in behavior and conduct.

We are unable to explain just why particular varieties of hallucinations and illusions develop, except that certain nerve pathways are more used in health than others, and this will explain the occupation delirium in which the patient appears by his remarks and movements to be carrying out his usual everyday work.

The sense perception seen in the negro race often pertains to their notions of religion and to certain ghost stories that have produced a profound impression upon them. We know that the mood is largely dependent upon the harmonious activity of the bodily organs; general intoxication produces disharmony and depression so that the erroneous perceptions are apt to be unpleasant, therefore the hallucinations, illusions and delusions depend much upon the patient's previous experiences

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

and interests; hence, the illusions and hallucinations depend more upon the personality and individuality of the patient than they do upon the infection from which he is suffering.

The majority of these mental disorders are cured usually within a few days or weeks; certain ones may have a prolonged course extending over months, and this type may have destruction of brain cells to such an extent that he will have a permanent mental impairment. It will be observed that he is not quite so efficient or dependable as before his illness; his friends will remark, "He is not the same." This is one of the rare cases of this group in which there is not a complete and permanent recovery.

In studying infection-exhaustion psychoses, we must not overlook the fact that a serious illness may precipitate other mental disorders such as dementia precox, manie depressive insanity, psychoneuroses, *et cetera*. In years gone by, these cases were the most fatal of all those received in state institutions. More than 50 per cent died. The disordered metabolism and disharmony in the body due to the infection produces an emotional depression, and this, coupled with the illusions and hallucinations due to damage of brain cells, caused an active disorder in mood, thus interfering with the bodily metabolism.

You all know that such emotional states increase the difficulty of digesting and absorbing food. Therefore, I want to impress upon you the importance of keeping up nutrition. It is by far the most essential part of the treatment. This should be begun early: give easily digested food, such as eggs and milk, in small quantities and at frequent intervals; sugar in the form of dextrose. If the patient refuses food, he should be tube-fed at four-to six-hour intervals. Water should be given as often as the patient will take it. If he refuses, give it by rectum, or even intravenously; a large supply of water is absolutely necessary. If an acidosis develops, use an alkali. In the treatment of the excitement, be slow in the use of drugs as sedatives. The patient should be treated in a quiet place, away from disturbing noises and sights. The use of the hot and cold packs and the continuous bath are efficacious. In the treatment of a lagging heart, ammonia and digitalis produce good results.

References: Krapelin, Third Edition, Jelliffe and White Treatment. H. D. Singer, Medical Herald Report, September, 1918.

DISCUSSION.

Dr. J. G. Eberle (Fort Smith): I am not competent to discuss a paper of this character. I came only to learn, and there is so much for us to learn in the care and treatment of nervous diseases, and so much, it seems to me, is lacking in the results of treatment of these conditions.

I don't know very much about the institutional treatment, but, from what little observation I have had in institutional treatment, it seems strange that with the general practitioner, who wants to be doing something all the time, in so many of these cases so little is done. It may be true that little can be done with cases enclosed in these institutions, aside from the baths, hydrotherapy, the sedatives, etc., that are given in the acute forms of insanity. The patients are allowed to go on and nothing is done, and they live on year after year, and finally, fortunately for themselves and their near relatives, die. I say that perhaps nothing more can be done than is done; but I am not saying this in criticism of any institution of ours, or any other. It is unfortunate that we know so little to do with these cases. I would that we knew more and could do more.

The neurologists, in their fineness of distinctions and classification of cases, go beyond the reach of the general practitioner. A man is mentally sound or mentally unsound, and you cannot always classify the case properly. But, even then, aside from the cases that the paper speaks of, where there seems to be a direct cause that might be removed, in the vast majority of mental cases that we have, the question of classifying does not cut very much figure to the general practitioner, who does not know very much about nervous diseases. So, we treat them all alike, with about the same poor results in each case.

THE ATTITUDE OF THE OBSTETRICIAN TO THE ILLEGITIMATE CHILD AND MOTHER.*

By G. A. Warren, M. D.,
Black Rock.

So long as the world stands there will be illegal sexual indulgences. I make this prophecy because both history and the Bible assure us that it has been so from the creation of man to the present time. And as the human species has made no decided change in this respect, I feel that I am taking no undue credit to myself when I make the above assertion. It is not a probability that I am to talk about, but a fact that confronts every physician who is in any way engaged in obstetrics. There are, and always have been, multiplied thousands of illegal sexual indulgences, and while we know that it is an exception and not the rule when a child is conceived and carried the full term, we know that in most cases all kinds of practices are indulged in to prevent conception, and in most cases they are successful. But when it happens that the practices fail, then it is that criminal abor-

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

tions are resorted to; and in this way, many of the "slips" are gotten rid of, and society and the world are none the wiser; but physicians know there are many cases carried to term, and it is of these that I have something to say. Would that I could command the eloquence of Cicero or the oratory of Demosthenes to impress the true status of society toward these unfortunates. I do not mean to say that we should encourage the births of bastard babies; I admit that society and the community would be better if there were no illegitimate births. Yet I shall, in this paper, attempt to prove that there are not half the illegitimate births there ought to be. We admit that there are thousands of abortions to prevent term births, not only among the unmarried, but equally as many, if not more, by married women, who should, like Rachel and Leah, look forward to the bearing of children as the greatest achievement of womanhood or humanity. Yet the popular tendency among the "upper class" today is to prevent the trouble and annoyance of child-bearing and child-rearing. This was brought out by Dr. Cargile in his paper a year ago. He stressed the fact of the few children born to the better class. We, as physicians, know the troubles and ills that follow abortion. I want to give this warning, that whenever there is a violation of nature's laws, or God's laws, there is sure to follow a penalty, which, as a rule, is in proportion to the transgression. And what greater transgression could there be than the destruction of the unborn? We may violate the laws of our land, and through secrecy or by prevention of justice escape punishment; but not so with the laws of God. If it is an abomination in the sight of God and a vile crime under the laws of our country, then no abortion or premature delivery should ever be countenanced, not only by the physicians, but by the laity. If this be true,—and I take it that all will admit it is,—then all conceptions should be carried to term except when the health or life of the mother is in danger.

Now, we know that there are more abortions and premature deliveries among the unmarried than there are children born; then it follows as a logical conclusion that there are not half as many illegitimate children born as there should be. All conceptions should be carried to term, and allowed to come into this world living human beings. But what shall we do with them? I am frank to confess to you that I am not capable of giving the answer, and my object in writing this

paper is to get expression from others that will help me in my lack of ability to handle such cases. When we have the unpleasant duty of attending the birth of an illegitimate child, we should try to do or say something that will help the unfortunate and start out the new born, as best we can, on a road to useful womanhood or manhood. I agree that it were better that many of these were never born so far as their lives are concerned. For many of them become prostitutes or blots on society and are a weight on the neck of civilization; but there is something wrong and we should strive to right it. If we lend a helping hand to all the unfortunates, babes and mothers, someone might say that we are encouraging this vice, and by this means detract from the sanctity of the home. I want to say to you in all seriousness that I had much rather go into the presence of the family where a beloved one is dead, or dying, and try to soothe the troubles of the bereft, than to be at the birth of a bastard baby and try to offer a solace to those concerned. A funeral is a smile compared with the conditions that envelop you at such a time, and as the physician is probably the only disinterested person present, he should make an heroic effort to pour oil on the troubled waters and instill a little sunshine into the home where gloom darker than midnight has settled all over and around it; but just how to do this is surely a problem, and I appreciate my shortcomings at such places. It was my fortune or misfortune when a medical student, to be appointed interne in a maternity hospital, where I saw between two and three hundred births, and not 5 per cent of these were legitimate children. Some girls came there from the best of families, pretending to be away visiting friends or in school. When the child was born, in most instances it was put into a foundling home, and these girls would return to their homes, and in many cases marry respectable men, keeping their transgressions unknown. Others would follow a life of vice, because there is no place in society for a woman who gives birth to a bastard baby if the public knows of it, and the same is largely true as to the baby. This, at least, should be corrected, and some arrangements made to have the children cared for, and given a chance to make the best there is in them. We are only human—that means we are animal—and to a large extent incapable of properly controlling our sexual inclinations and passions, and your daughter or mine may be the

unfortunate victim of some man who cares naught but for the gratification of his sexual desires; or again, the girl may be to blame, and in cases this is true; but even then she probably cannot help it, and so we should hold over a mantle of charity and try to boost her rather than drag her down. The children of passion, if allowed to proceed through gestation without meddling means or medicine, are usually well formed, well favored, and bright; but when every agency known for the production of abortion is resorted to without success, and the mother laces down to conceal her shame, or should she not do this she has every discouragement cast upon her by her friends and members of her own family, and her life is one of gloom—many times she commits, or attempts to commit, suicide, rather than endure the mortification. I quote the following lines from the poem entitled “The Bridge of Sighs:”

One more unfortunate, weary of breath,
Rashly importunate gone to her death;
Lift her up tenderly, handle her with care,
Fashioned so slenderly, young and so fair.

At the time this poem was written, it was almost a daily occurrence for an unfortunate girl to commit suicide by jumping into the Thames River from the London Bridge. Doubtless all of you have known parallel cases in this day and land, yet not half the damnable devices were resorted to then as are used now to get rid of product of illegitimate conception. Then what can you expect of these children? I believe that the State, or the community, should strive to reclaim the unfortunate girl, especially if it is her first offense, and by all means give the child a chance to make something of itself for the commonwealth or nation. Are we Christians and living under Christian influence and teachings? Then let us follow the teachings and practices of Christ. He never condemned the unfortunate for the sins they could not help, but admonished them to repent and reform. The decalogue of Moses says, “Thou shalt not commit adultery,” and under the Mosaic law, should one be convicted of this sin, the punishment was death by stoning. The Scribes and Pharisees thought to make charges against Christ, and brought to Him, in the temple, a woman who was taken in adultery, caught in the act, and asked him to pass judgment on her. He said to them, “The one of you who is without sin cast the first stone.” They all knew that they were not without guilt, and His divinity made them feel that

He knew it, and they silently sneaked away one at a time. When they were gone, He said to the woman, “Are there none left to condemn you,” and she answered, “None.” Then he said to her, “Neither do I condemn thee.”

Let us not be too hasty in passing condemnation on anyone, but let us in every way possible assist the unfortunates. Shakespeare wrote two poems that are in a measure antithetical; one describes the sexual passions of a man who could not or would not control himself, and regardless of the pleadings of his victim, forced her to submit to his hellish desires. This poem, “The Rape of Lucrece,” is founded on an actual occurrence recorded in history; and Sextus Tarquin, who committed the deed, was the oldest son of the king of the Roman Empire. His victim, Lucrecia, could not endure the shame, and killed herself. Her act caused a general uprising, headed by Brutus. The king was exiled and Sextus finally killed. While no punishment could probably be adequate, this is the best they could inflict. The other poem describes a woman who could not control her passions, and sought to force her affinity to satisfy her cravings. As there was no such example recorded in history, Shakespeare was forced to go to Mythology for his characters, and the poem is entitled “Venus and Adonis.” When I read the former I want to murder Sextus Tarquin, and when I read the latter I want to kick Adonis.

In conclusion, I want to emphasize the debt we owe to the unfortunate girl who frequently is the victim of some licentious scoundrel and is not herself to blame. There are thousands of sweet, trusting girls who can be fondled and loved till they have absolutely no power of resistance, and are easy victims to the men who can be so vile. These girls, if reclaimed, make ideal women, and while their lives are always sad, yet they scatter sunshine and flowers for their associates, wherever and whenever it is possible for them to do so. My last word is, give the child a chance, lend a helping hand to the mother, damn the abortionist, be it man or woman.

DISCUSSION.

Dr. C. S. Pettus (Little Rock): The most pronounced problem of the question discussed by Dr. Warren is that of the direct dealing with the illegitimate child and the procedure which would be of the greatest advantage to the child's future and to society. I have lately become interested in this phase of the question of illegitimacy because of the opportunity offered me through my present position.

The County Hospital is supposed to be a charitable institution, having as its purpose the care and protection of the sick and unfortunate of Pulaski County only. In every respect I have attempted to carry out this purpose, except in cases of illegitimate pregnancies. My attitude in this matter I can explain better by referring to my report to the county judge, stating that I would not refuse any unfortunate girl who asks for shelter and protection from the inclement weather, on account of suspicion and rejection because of the misfortune of Venus worship, and, as a result of which, is expecting the arrival of a child without a name. This has thrown me in close contact with many illegitimately pregnant women, thus giving an opportunity to study their mother instinct.

I find it a rare wish on the part of the mother to wilfully abandon her child, and, while the biggest percentage are abandoned, it occurs largely through the influence of the mother of the pregnant girl, who for social reasons wishes to hide the shame.

The different attitudes of mothers of illegitimately pregnant girls has been interesting to me; some mothers show the greatest sympathy and consideration for their unfortunate daughters, and are willing to make any sacrifice for them and are reluctant to advise the giving away of the child, while on the other hand many mothers are resentful toward their daughters, refusing to have anything to do with them, and in an effort to shield the family name will sacrifice the daughter's welfare. I have found the selfishness of mothers to be responsible for many of the illegitimate births at the hospital. They have thought more of their individual pleasures than the training of their daughters, and were out evenings enjoying themselves without offering any protection to them. I have on more than one occasion made the following statement to the mother bringing her daughter to the hospital in a pregnant condition, bemoaning the incident and condemning the daughter: "I have no fault to find with the daughter, but, on the contrary, I have all the sympathy in the world for the unfortunate girl and could not charge her with the sin; but if you, her mother, had properly cared for your daughter and given her the protection to which she was entitled, she might not be in this condition today." This is true in a great many cases, particularly so in the case of a sixteen-year-old girl whom I happen to know.

Because a woman has fallen by the wayside and become illegitimately pregnant is no reason that there is no redemption for her. The truth is, if given the right opportunity, many of these girls develop into good women. I never allow one of these girls to get away without offering the protection of the institution until she has been given time to regain her moral stamina. In one instance, a girl who had given birth to an illegitimate child was given work at the institution. Later she married one of the employes of the institution, an honest, capable man, who learned to appreciate her for some of the traits which she possesses. She has added much to his happiness as well as becoming herself an efficient employe of the institution, and has much in the future to live for.

The encouragement of the mother to keep the child has proven to be the best method by which she can be kept straight and aided in becoming the woman that she is entitled to be. The mother instinct that impels many a girl who has given birth to an illegitimate child to keep it, should be encouraged in every way. Any woman worth while is made better through the developed motherly love that she alone can give to the child that she bears. No woman can take a child not of her own flesh and blood and love and care for it as the mother who has given it life. The stigma of illegitimacy is bad enough without depriving the infant of the loving care of its own mother.

I usually make this statement to the unfortunate woman who has become a mother: "So far, you have not committed such a terrible crime in bearing an illegitimate child. I am sure you have the sympathy of God. I do not consider you guiltier than I or ninety-nine out of every hundred men that walk the streets. They are just as guilty as you of the crime that you have been led to believe has condemned you for life. You have committed no crime in comparison to the one you will commit in giving away your child and refusing to take care of the outcome of your discrepancy."

This method of insisting upon the mother rearing her own child when she is capable of doing so has been adopted by reformers and those engaged in this work as the best solution of this problem. Of course, there are mothers of both legitimate and illegitimate children who are not capable and worthy of rearing children, and such women should not be entrusted with such an important duty.

To be deprived of a mother's love is the greatest misfortune that can befall any human being.

Dr. Olive Wilson (Little Rock): "Though I speak with the tongues of men and of angels and have not charity, I am as a sounding brass and a tinkling cymbal." It is not so much what becomes of the baby as what is to become of the mother? By the time the baby is grown the mother is dead. It is forgotten that the child is illegitimate. But what of the mother? That is the question. Not every girl who makes such a mistake is bad; her mistake has been that she has loved too well. The prostitute goes her way. Motherhood to her is merely an accident. But the good girl who has made this mistake, if we would be more her friend, give her encouragement, she can go back to her office or whatever her work may be, and be just as efficient an employe as before the unfortunate affair.

There seems to be no solution to this subject, unless it be a matter of education. A woman is not always bad because she has had a baby. It has been said motherhood is woman's crown of glory; but womanhood comes first, and then motherhood.

Let us study to make ourselves worthy to deal justly with these unfortunates, giving them encouragement and sympathy.

Dr. William McRae (Little Rock): The gentlemen said that the mother should take care of the illegitimate child in these cases. How about the father of the illegitimate child? I suggest as a solution the old-fashioned shotgun, or by order of court. That is about the only adequate means by which we can solve a case of this kind.

Dr. L. Kirby (Harrison): The doctor had just such a paper as you might expect from Dr. Warren; it's a good one. One point—he says there ought to be more illegitimate children born. He didn't say it that way exactly, but that's the point. Whenever we can impress upon the world that as soon as a child is conceived it is a living being, and that the same authority that commands "Thou shalt not commit adultery," says, "Thou shalt not kill," we shall have more illegitimate children in the world.

Dr. C. H. Cargile (Bentonville): We haven't had a more important subject. I must say I haven't practiced what I preach. If Christ were here today and asked us to cast the stone, how many of us could do it? Let us be honest with ourselves, and try to make things better.

But one thing I would like to mention, and that is the double standard. We know too well how the mother, the women, the ladies, recognize our men, however damnable may be our records; how they recognize

them socially; especially, as the doctor said, if the man appears to be "high up financially." It is all wrong. These same women would turn their backs on the unfortunate girls, but welcome the men to their homes. Gentlemen, we should, by all means, do away with this double standard.

It is wrong for another reason. Who is it that arouses this passion on the part of woman? We all know that women are less passionate than men, and, if left alone, there would be fewer of these unfortunate cases.

Some years ago a young man came into my office and wanted me to commit an abortion on a young lady, a respectable young lady, who stood well in the town. I said, "I've never yet made a dime that way, and I never will." I said, "You go and marry that girl. She's a nice lady, or she was until you ruined her. You are responsible for her condition." He said, "I wouldn't marry a woman who would let me do that." I said, "You are a brute. You ought to be ashamed of yourself. Who was it that teased and excited that girl? You dare not say that she did you that way. Yet, with all of that, you say you are too good to marry her. You ought to be killed, you miserable scoundrel." She began proceedings in court, before the baby was born. He married her to take advantage of that law that forbids a wife to be a witness for or against her husband. He left within an hour, and has never been back in the town, except in secrecy.

Dr. Warren (in response): The paper has been extensively discussed, and I am very glad it has been; I feel complimented that it should be. My object in writing this paper was not so much to give you a remedy as to get from you some thoughts, some ideas, some help in this great problem, if you please.

Dr. Pettus suggested that the woman keep the child. He modified that, however, later. This is a serious question, whether she ought to keep the child. It is also an awfully serious question as to what becomes of the child or where it goes in after life. If it can get a good home, it is better for it to be there. And, as I said in my paper, let's at least try to correct society, as far as we are concerned, especially, and to reclaim the woman, if it's a first offense, if there is not any evidence against her as to being wilfully bad.

Dr. Wilson spoke of the mother. You know that is a word that goes to the heart of every man, woman and child. And every woman that has become a mother, if she is a real woman, she has that instinct about her to die for her offspring, and, if she keeps that offspring a few days, it is like tearing her heart-strings to separate her from it. So that is an awful, awful thought, when we come to solving or dealing with this problem.

Dr. McRae spoke about the father making the man marry the woman. If he does marry her, as I have seen in many cases, he makes life a hell for her, and she had better be in hell than to live with a man who does not want her, and who has married her because he had to do so. If there is any marrying done, he ought to marry her before her shame is known. Marry her early in the state of her misfortune and help her cover it up. He can do it. There is no one else that can. That's an ideal solution of the problem, but it is with him as to whether he will do it or not, and try to be husband to the mother and a father to the child.

Dr. Kirby gave us the Sixth Commandment, and we should impress that on all, that to destroy the fetus after conception, one day, one week, one month or six months, is committing murder. We should impress that on all who come to us.

I remember a married woman who came to me once and said, "I have got enough children. I can't afford to raise more." Later on she gave birth to a boy baby. I said, "Well, it would be much easier, so far as you are concerned, and the crime would be no greater, so get rid of that baby now, if you don't want it; take it and put it in the river." She said, "No." I said, "You were asking me to do the same thing; that was just as bad as if you took that baby and threw it into the river."

As to the double standard that Dr. Cargile speaks of, it is wrong, eminently wrong. The man that goes his way and commits his diabolical offense against the victim, and is received into the better homes, and probably marries some other woman who is ignorant of his dastardly offense against society. Society does not look at it as being so awfully mean in the man, if he goes on and straightens up and does the right thing afterward. You cannot tell, and you cannot lay down the standard on that.

In this connection I am reminded of a part of Polonius' advice to his son, which, I believe, of all things ever written, or spoken, contains more in the same amount of words and lines than anything else ever written by human pen, unless it be Hamlet's soliloquy. When old Polonius spoke to his son, Laertes and said, "This, above all, to thine own self be true, and thou it doth follow, as the night the day, thou canst not be false to any man." He thus closed up his advice; he had been telling him many things that he should do and not do, but that was the capstone of the climax.

SOME OBSERVATIONS OF PRURITUS ANI.

By E. H. Terrell, M. D.,
Richmond, Va.

Dr. Terrell stated that during the past seven months he had examined forty-four patients with pruritus ani. In thirty-nine of these, small infected sinuses were found at or just beneath the ano-rectal line, and from these a small probe, bent at an acute angle, was found to pass downward under the skin of the affected parts. A careful and painstaking inspection of every part of the anal canal is necessary in locating these sinuses, and Dr. Terrell has found the "Physiological Anal Speculum," devised by Dr. F. P. Nourse of Lewiston, Idaho, the best instrument for this purpose. In the severe cases of pruritus, from three to four sinuses were found, but in the milder localized cases not infrequently only one sinus was found. It is the opinion of the author that the irritation from one sinus involves not more than one-fourth of the circumference of the anus.

The treatment consists in opening the sinuses from above downward, under local anesthesia, using a bent probe as a guide. Twenty-five cases have been operated on by Dr. Terrell, after this manner, with complete relief of the symptom when the parts had healed.

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

HIS FIRST BATH.

He was a Podgoritzan youth of seventeen, and, like a large proportion of his Montenegrin countrymen, he knew of the effects of soap and water only from hearsay. The Red Cross workers took him into the old Turkish bath-house, whose musty steam chambers had been given a long-needed cleaning, and into

which fresh water had been piped, and put him under the shower bath. He complained bitterly, but when he came out he was clean for the first time in his life.

When the Americans came to Podgoritzta they found that city of 10,000 inhabitants innocent of public bathing facilities. Many native doctors believed that the frequent use of soap and water was harmful, and had succeeded in instilling into the minds of the people a decided fear of bathing. The Red Cross doctors and nurses went on the theory that bathing, like caviar, was an acquired taste, and in order to popularize it they made it a condition precedent to being placed on the free provision list. The taste once acquired under this compulsion, its popularity gradually increased, and the Montenegrins have learned to like the bath they once feared.

Editorial Clippings.

SIR WILLIAM OSLER.

Osler is dead. These three words announce the passing of a man most influential for all that was good; noted for his kindly spirit, well beloved as a teacher and physician. The life of Sir William Osler, more than his works, placed him at the pinnacle of his profession. His winning personality, his cheerful disposition, his faith in mankind, but above all his love for his profession made him what he was—the great physician. Added to these is the fact that from boyhood to his last illness he was a tireless student, an enthusiastic, unceasing worker. His contributions to medical literature, recently compiled, include 730 titles; elegance of style, conciseness of statement and literary quality of his manuscripts marked him as a careful, conscientious writer. His contributions, whether as text-book, periodical literature or spoken word, were examples of masterly English diction. During his long career, Sir William Osler was the recipient of practically every honor which the medical profession could bestow on those of merit in its ranks, culminating last July in the international celebration of his seventieth birthday. The occasion was marked by the felicitations and congratulations of the medical world. A memorial volume was prepared containing essays by students and colleagues and presented to him by a distinguished committee. In response to the presentation address, Dr. Osler said:

“To have had the benediction of friendship follow one like a shadow, to have always had the sense of

comradeship in work, without the petty pinpricks of jealousies and controversies, to be able to rehearse in the sessions of sweet, silent thought the experiences of long years without a single bitter memory, fill the heart with gratitude. That three transplantations have been borne successfully is a witness to the brotherly care with which you have tended me. Loving our profession, and believing ardently in its future, I have been content to live in it and for it. A moving ambition to become a good teacher and a sound clinician was fostered by opportunities of an exceptional character, and any success I may have attained must be attributed in large part to the unceasing kindness of colleagues and to a long series of devoted pupils whose success in life is my special pride."

The statement quoted is characteristic of the man. It shows why he was loved, why he succeeded—why his name will appear in the history of medicine as an example of the ideal physician.—*Journal A. M. A.*

Personals and News Items.

Annual dues are now due.

Dr. A. H. Gilbrech of Clarendon has moved to Palmer.

Dr. Ernest Darnall of Widener has moved to Holly Grove.

Dr. P. E. Johnson of Holly Grove has moved to Helena.

Dr. D. C. Lee has moved from Little Rock to Boyde, Ashley County.

BORN—To Dr. and Mrs. A. W. Strauss, Little Rock, January 6, 1920, a son.

The next meeting of the American Medical Association will be held in New Orleans, April 26-30, inclusive.

Dr. J. F. Sanders of Blytheville was elected president of the Tri-State Medical Association at the recent Memphis meeting.

Dr. E. L. Garner was appointed coroner of Fulton County December 24, 1919, by Governor Brough.

Dr. George H. Sciaroni of Fresno, Cal., accompanied by his bride, passed through Little Rock recently, on his way East.

Dr. J. T. Clegg of Siloam Springs and Dr. S. A. Southall of Lonoke have recently been appointed members of the State Board of Health for four years by Governor Brough.

The Sebastian County Medical Society have elected the following officers for the ensuing year: President, W. R. Brooksher, Fort Smith; treasurer, W. A. Parks, Bonanza; secretary, D. R. Dorente, Fort Smith.

The following Arkansas physicians visited in Little Rock during the past month: R. Q. Patterson, Augusta; J. S. Hesterly, Prescott; J. T. Clegg, Siloam Springs; L. E. Love, Dardanelle; J. T. Matthews, Heber Springs.

Armour & Co. at all times will do their part in coöperating with the Government to bring to an end the unrest now prevailing in the country and to terminate any suspicion of the public toward the great and vital industry in which they are engaged.—*A Statement by J. Ogden Armour.*

At a recent meeting of the Washington County Medical Society, held in Fayetteville, the following officers were elected: President, R. T. Henry, Springdale; vice president, E. G. McCormick, Prairie Grove; secretary, Nina V. Hardin, superintendent of the University Infirmary; treasurer, Will H. Mock, Prairie Grove.

In agreeing to the terms of the decree referred to in the Attorney General's statement, Armour & Co. have abandoned a position which was economically sound and which was unassailable from a legal standpoint, wholly because of our desire to bend the knee to public opinion—an opinion not justified by the facts, but strong for all that.

The readers have come to know that this Journal protects them, and as a consequence they may unhesitatingly purchase the products which are advertised in this publication.

In answering the Abbott advertisement, each reader should use the coupon attached to the page advertisement, so this Journal will receive credit for the inquiry.

The Abbott Laboratories of Chicago have been using half page space in this Journal. Their success warrants them in using a full page at this time, and our readers will find their full-page announcement in this issue. This evidence that the readers of this Journal are careful to patronize our advertisers is gratifying, and is a tribute to the policy which this Journal long since adopted, of publishing in its advertising pages only such medical products as have been accepted by the Council on Pharmacy and Chemistry.

GOVERNMENT POSITIONS IN OCCUPATIONAL THERAPY.

The United States Civil Service Commission has announced examinations for field supervisor of reconstruction aides in occupational therapy, at \$1,800.00 a year; superin-

tendent of aides in occupational therapy, at \$2,400.00 a year; special instructors in occupational therapy, at salaries ranging from \$1,200.00 to \$3,500.00 a year, and reconstruction aides, at salaries of from \$720.00 to \$960.00 a year. Reconstruction aides will also receive quarters, subsistence and laundry. Appointees to all positions whose compensation does not exceed \$2,500.00 a year will receive the increase of \$20.00 a month granted by Congress if their services prove satisfactory. In all, about 500 positions in the Public Health Service throughout the United States, and at St. Elizabeth's Hospital (insane), Washington, D. C., will be filled.

The examinations for field supervisor of reconstruction aides and superintendent of aides will be held on February 24. The other examinations will be open until further notice. Both men and women, if qualified, will be admitted, but appointing officers have the legal right to specify the sex desired when requesting certification of eligibles.

None of the examinations require competitors to assemble in an examination room for tests. The ratings will be based upon the elements of education, training and experience, and upon a written discussion of one of a number of given topics connected with the work.

The ratings will be based upon the elements of education, training and experience, and upon a written discussion of one of a number of given topics connected with the work.

Further information and application blanks may be obtained from the representatives of the Civil Service Commission at the post office or customhouse in any important city, or by communicating with the United States Civil Service Commission, Washington, D. C.

THE MEDICAL RESERVE OFFICER.

The medical reserve officer's work in the war zone is the subject of an article by L. J. Hirschman, Detroit (*Journal A. M. A.*, January 3, 1920). He does not discuss these services in the organization and hospitals of this country, but confines himself to the facts observed in the war zone. The original Medical Reserve Corps was organized in 1908, and its personnel was collected from the leaders in the profession, who were, according to a pre-existing law, commissioned as first lieutenants. Only a few received special medical training, but when the corps was reorganized,

and made part of the Officers' Reserve Corps, a maximum rank of colonel was allowed, and the disadvantages of there being no higher rank was speedily experienced, especially when this officer was outranked by his professional brothers in the Allied Armies. Promotions were made to a rank of brigadier-general, however, in other reserve corps. While surgeons whose names were household words were serving as captains, or in a few cases as majors, in spite of this injustice on the part of the War Department, they did their duty efficiently. In the spring of 1918, promotions began to appear in all branches of the army, and the Medical Department endeavored to better its conditions. Nevertheless, a medical reserve officer, however proficiently equipped, was still held down arbitrarily by an age limit, and it was only after the armistice was in effect that the rank which was most needed before was given and promotions freely made. When one considers that a practitioner who leaves his practice to serve his country, makes a greater sacrifice than the business man who leaves a "going concern," the powers in Washington are, apparently, only just beginning to realize that the medical profession has been treated unfairly. From personal observation, Hirschman testifies that their work was well done, not only in the field, but in all the evacuation and base hospitals. The fact, however, he says, is that of 35,000 medical reserve officers, only about 10 per cent have shown willingness to continue and accept commissions in the reorganized corps. He makes a series of suggestions to be followed in order to make an efficient corps, recognizing the injustice already done. Applicants for positions, who have not seen actual service, should start as first lieutenants. The information in possession of the Medical Department at the present time is sufficient to show the qualifications for higher rank, and other sources should also be utilized. All the specialties of civil life should be represented in due proportion in the Medical Reserve Corps. All officers who have held commissions, but were not called to duty, should secure honorable discharge. Hirschman says: "Let us hope that the Surgeon-General's Office, under its present able leadership, will take cognizance of the unfortunate error of our previous unpreparedness and will build up a Reserve Corps for future emergency which will have as its watchword 'efficiency first.'"

Correspondence.

A RANK INCONSISTENCY.

Methinks I hear you say, what have you discovered? It is not a recent discovery, but the more I think about it, the more unbearable the condition becomes. You say, what is it? It is simply this: Everyone, man or woman, who wants to enter the medical or dental profession must be a graduate of some reputable medical or dental college before they can even enter upon an examination, no matter how much knowledge they may possess. And I want to say right here that the standard is not too high, and about which I am not complaining. But to get to the *rank inconsistency*, I will mention the drug business as it is so generally conducted over the State. There are a few rare exceptions in some of the larger towns and cities where the business is conducted by men who have received a pharmacy training, but in the main, especially in the small towns and some of the larger ones, the drug stores are conducted by men who have absolutely no training in the science of pharmacy. They are men who go before the State Board of Pharmacy, and if they fail to make a permanent license they are granted a permit from time to time until they have appeared before the State Board of Pharmacy some three times, and then they are registered as a full-fledged pharmacist, ready to step behind the counter or prescription case, receive the title of "Doc," and begin counter prescribing.

But remember, a real M. D. who has taken all the requirements necessary to enter the freshman year of a medical college, then takes the full four years in medical college, graduates, perhaps, with honors, he isn't allowed under our pharmacy laws to fill a brother physician's prescription without first being registered by the Pharmacy Board. Bah! What a hoax!

The above is not so lamentable as the following.

What does the above described condition amount to, anyway? Does it affect the physicians over the State who practice their profession in communities where the drug stores are run by incompetent men? Yes. In the first place, the physician is forced to do one of two things—furnish and dispense his own medicines, which forces him to keep a large stock of medicines on hand if he does justice by his patients (and if he keeps his own medi-

cine that makes the quack druggist mad and he uses his influence against the doctor), or he must put up with just any kind of unscientific work the incompetent drug vendor may do, which is liable to, and I am persuaded does, oftentimes result fatally to our patients. Now, who are to blame for any bad results? We, who put up with such conditions, are.

We, as a great medical profession, can, if we will, demand of our law-making bodies, the Legislature, that we have competent men to fill our prescriptions, in the first place for our own protection, and in the second place for the protection of our patients and the public in general.

We all know that medicines, properly administered, are great factors for good, and when they are unscientifically handled that they are very hurtful.

All of the real druggists, or I should say the real pharmacists, those who have taken a scientific course in a college of pharmacy, are in favor of competent men to work behind the prescription cases, filling the physicians' prescription, and I am sure their Committee on Pharmacy Legislation would be glad to cooperate with our Committee on Medical Legislation, and in that way get this evil corrected. As it is now with the majority of us, our business is like a strong chain at both ends, with very, very weak links in the middle; the educated and scientifically trained physicians represent the strong parts of the chain, and untrained druggists over the State represent the very, very weak links in the chain.

I would be glad to see a free and exhaustive discussion on this subject by both the medical and pharmacy professions. Let us hear from you, brethren, through our journals.

AN OLD PRACTITIONER.

December 13, 1919.

Memorial Resolutions.

Whereas, Our beloved friend and professional associate, Dr. Henry Dickson, was forced on December 7, 1919, to surrender his life to the "grim reaper of death" and answer death's call; and,

Whereas, The sad news of the death of our most highly esteemed friend, Dr. Henry Dickson, was received with a large measure of deepest regret and sadness by each and every member of the Greene County Medical Society; and,

Whereas, Knowing Dr. Henry as we did, both as a man and professionally, we are un-

able to command words to express in full the large measure of real love and high admiration that each of us carried in our hearts for this most efficient and generous character; therefore, be it

Resolved, That we, as members of the Greene County Medical Society, resort to this method to express to his mourning relatives and many friends our deepest regret and sympathy upon the loss of our beloved friends; and be it further

Resolved, That a copy of these resolutions be sent to his mourning mother and sister, and a copy to our State Journal, and a copy to our local paper, and a copy spread upon the minutes of the Greene County Medical Society.

W. M. MAJORS,

W. R. OWENS,

Memorial Committee, Greene County Medical Society.

Propaganda for Reform.

THE PREVENTION OF SIMPLE GOITER.—O. P. Kimball, J. M. Rogoff and D. Marine publish their third paper on the effect of sodium iodid in the prevention of goiter in school children. They conclude that simple goiter in man may be prevented and that the method may be carried out as a public health measure. Two gm. of sodium iodid given twice yearly seems adequate for the purpose (*Journal A. M. A.*, December 20, 1919, p. 1873).

LUBRICATING JELLY.—The subjoined formula for an inexpensive lubricating jelly has been used in the German Hospital (now the Lankenau Hospital), Philadelphia, for a number of years: Tragacanth, whole, 3 gm.; glycerin, 25 cc.; phenol, 1.5 gm.; distilled water to make 300 cc. The tragacanth is broken in small pieces and put into a wide-mouthed bottle; the other ingredients are added and the bottle is frequently shaken (*Journal A. M. A.*, December 13, 1919, p. 1852).

ANTIMERISTEM-SCHMIDT.—A letter received by physicians from the "Bakteriologisch-Chemisches Laboratorium Wolfgang Schmidt" of Cologne, Germany, calls the attention of American physicians to Antimeristem-Schmidt. Antimeristem-Schmidt was rather widely exploited some six or seven years ago. It is a preparation claimed to be useful in the treatment of inoperable cancer, and as a supplementary treatment after operation for cancer. The treatment has been found without effect and no license for the sale of Anti-

meristem-Schmidt has been granted by the U. S. Treasury Department, and therefore its importation into this country is prohibited (*Journal A. M. A.*, December 6, 1919, p. 1787).

THE NEW BACCHUS.—No longer should artists—at least, American artists—represent Bacehus astride a wine barrel; the little god should be depicted astraddle a "patent medicine" bottle. As every physician and pharmacist knows, there are on the American market a number of widely advertised and extensively sold "patent medicines" whose most potent ingredient is alcohol. The problem of controlling these alcoholic "patent medicines" can be satisfactorily solved in only one way, and that way is to prohibit the use of alcohol in preparations of the "home remedy" type, that is, in those products which are sold indiscriminately to the public for the self-treatment of disease (*Journal A. M. A.*, December 6, 1919, p. 1772).

THIALION.—This is an heirloom of the days when lithium salts were supposed to be nature's antidote for all kinds of ailments supposedly due to excess of uric acid. The Council on Pharmacy and Chemistry reported in 1906 that it was not a definite chemical compound as suggested by the chemical formula published by the proprietor, the Vass Chemical Co., but a mixture consisting chiefly of sodium sulphate, sodium citrate and small amounts of lithia. In recent advertisements, thialion is referred to as "a noneffervescent lithiated laxative salt," "a nonhygroscopic, nondeliquescent, granular salt of lithia," etc., but the chemical formula does not appear, nor is any definite statement of composition furnished (*Journal A. M. A.*, December 6, 1919, p. 1787).

New and Nonofficial Remedies.

BENZYL BENZOATE FOR THERAPEUTIC USE—VAN DYK & CO.—A brand of benzyl benzoate which complies with the N. N. R. standards. For a discussion of the actions, uses and dosage, see New and Nonofficial Remedies, 1919, p. 53. Van Dyk & Co., New York.

LUMINAL-SODIUM—PHENOBARBITAL SODIUM—SODIUM PHENYL-ETHYL-BARBITURATE.—The monosodium salt of phenyl-ethyl-barbituric acid. The actions and uses of luminal-sodium are the same as those of luminal. For hypodermic injection luminal-sodium is used in the form of a 20 per cent solution. The

dose of luminal-sodium is 10 per cent greater than that of luminal. Winthrop Chemical Co., Inc., New York.

HOYT'S GLUTEN SPECIAL FLOUR.—A gluten flour containing protein, 80 per cent; fat, 1 per cent, and starch, less than 10 per cent. This flour may be used when a diet relatively free from carbohydrates is desired, especially in diabetes. It does not make a satisfactory bread, but may be used to prepare muffins, flat cakes or gruel. The Pure Gluten Food Co., Columbus, Ohio (Journal A. M. A., December 13, 1919, p. 1843).

SAJODIN — CALCIUM MONOIODOBEHENATE.—The calcium salt of monoiodobehenic acid. Sajodin is used as a substitute for iodids. The iodine of sajodin, being longer retained, is perhaps better utilized. It is also less liable to produce gastric disturbance than alkali iodids. Sajodin is also supplied as Sajodin Tablets 8 grains. Winthrop Chemical Co., Inc., New York (Journal A. M. A., December 27, 1919, p. 1939).

LUMINAL — PHENOBARBITAL — PHENYL-ETHYL-BARBITURIC ACID — PHENYL-ETHYL-MALONYL-UREA.—Phenobarbital (luminal) differs from barbitol (veronal) in that one ethyl group has been replaced by one phenyl group. It is claimed that the introduction of the phenyl group increases the hypnotic power of luminal over that of barbitol. Luminal is claimed to be a useful hypnotic in nervous insomnia and conditions of excitement of the nervous system. Dose, from 0.2 to 0.3 gm., increased if necessary to 0.8 gm. Luminal is supplied in powder and as luminal tablets 1½ grains. Winthrop Chemical Co., Inc., New York.

LACTIC ACID-PRODUCING ORGANISMS AND PREPARATIONS.—Fermented milks have long been used because they were palatable to many or because of an opinion among the laity and among physicians that they were advantageous in certain disorders of the gastrointestinal tract. A great stimulus to the employment of fermented milk was given by the theories of Metchnikoff regarding intestinal putrefaction, which are, however, entirely unsupported by scientific evidence. No one seriously subscribes to his opinions at the present time, but, on the other hand, there is evidence that the administration of sour milk products is at times beneficial. In pediatrics, fermented milk has found a wide application. By the use of acid-producing bacteria, milks of suitable composition may readily be pre-

pared. For this purpose, bacteria of the Bulgarian bacillus group, usually in association with *streptococcus lacticus*, have been found particularly satisfactory. There is little evidence showing that organisms of the bulgarius group can be implanted in the intestinal tract. There is little evidence that liquid cultures of lactic acid organisms are of value as local application to mucous membranes or in arresting putrefaction or suppuration in wounds, abscesses or sinuses. Liquid cultures of lactic acid organisms, and still more the tablets, deteriorate with age. All such preparations must be stored in an ice-chest and should be marked with an expiration date, after which they are not to be used (Journal A. M. A., December 20, 1919, p. 1887).

LACTIC ACID FERMENTS.—In preparing the 1920 edition of New and Nonofficial Remedies, it appeared desirable to the Council on Pharmacy and Chemistry that careful reconsideration should be made of the use in medicine of lactic acid bacteria—and products prepared by means of these bacteria—in relation to practical therapy. A special committee consisting of a physiologic chemist (Lafayette B. Mendel, chairman), a pediatrician (John Howland), an internist (W. P. Longcope), a rhinologist (H. I. Lilly), and a bacteriologist (L. F. Rettger) took up the problem. A circular letter was sent by the committee to a large number of well-known bacteriologists, clinicians and manufacturers who might be assumed to have experience or information bearing on the practical use of lactic acid bacilli. Based on the replies which were received, the committee has revised the discussion of "Lactic Acid-Producing Organisms and Preparations" which appears in New and Nonofficial Remedies. These replies showed that the bacteriologists and scientific laboratory workers show far less enthusiasm for the claims of lactic acid bacteria for a place in practical therapy than do the clinicians. It was the general opinion that the Bulgarian bacilli cannot be effectively implanted in the alimentary canal by feeding cultures thereof. The overwhelming preponderance was against the usefulness of cultures of the bacilli in infected sinuses, cavities, etc. The committee recommended that cultures of *bacillus acidophyllus* be not included in N. N. R. at present. The committee considers it important that the Council should continue its control of the viability and purity of cultures offered for sale (Journal A. M. A., December 20, 1919, p. 1895).

Obituary.

DR. JAMES PITTMAN.—Dr. James Pittman of Prairie Grove died December 18, 1919. He is survived by his wife, three children, and his parents, Mr. and Mrs. W. E. Pittman of Prairie Grove.

DR. THOMAS E. HOLLAND.—Dr. Thomas E. Holland of Hot Springs died December 21, 1919, aged 77 years.

DR. LORENZO P. GIBSON.—Dr. Lorenzo P. Gibson of Little Rock died December 29, 1919, aged 64. He is survived by his wife and three daughters. Dr. Gibson was a member of the Board of Health during the yellow fever epidemic of 1879, and it was through his efforts to a large extent that the disease was kept out of Little Rock and the State at large. He was demonstrator of anatomy for the Medical College at Little Rock from 1878 to 1903. He was vice president of the American Medical Association in 1890-91, and president of the Arkansas Medical Society in 1895-96. For fifteen years he was editor of the State Medical Bulletin and for many years secretary of the Arkansas Medical Society.

County Societies.

FRANKLIN COUNTY.

(Reported by Thomas Douglass, Sec'y.)

The regular annual meeting of the Franklin County Medical Society was held at Ozark December 9. We had a very pleasant meeting, but rather small attendance on account of unfavorable weather. We had a very excellent banquet at 1:00 p. m., to which we invited the preachers of the town. We spent some time very profitably in hearing and discussing a good paper on "Pulmonary Tuberculosis," by Dr. J. T. Sandlin of Coal Hill.

The annual election of officers was held. Dr. W. J. King of Branch was elected president; Dr. J. T. Sandlin, vice president; Thomas Douglass, secretary-treasurer. Delegate to State Society will be elected at the next meeting. Dr. H. F. Williams, the retiring president, has been a very faithful officer.

The following resolution was adopted:

"*Resolved*, That in the death of the excellent secretary of our State Society, Dr. C. P. Meriwether, we have sustained an irreparable loss. We consider Dr. Meriwether one of the best secretaries the State Society has ever had. During his term of office the society has had

a steady growth and prosperity. We extend our heart-felt sympathy to the bereaved family."

The following resolution was also adopted:

Resolved, That we strongly commend the selection of Dr. W. R. Bathurst, editor of the Journal and treasurer, to succeed Dr. Meriwether as secretary. No better choice could have been made, and we are glad that he is to continue to hold his office as editor. His close connection with the affairs of the society in his official capacity, his ability and the high esteem in which he is universally held by the members over the State, as well as the public in general, eminently qualify him for the important position of secretary."

We had some after-dinner speeches in which our guests, the preachers, W. V. Womack of the Methodist, Rev. A. G. Rideout of the Nazarene, and Rev. Alonzo Yancey of the Baptist Church, took active part.

BENTON COUNTY.

(Reported by C. A. Rice, Sec'y.)

Benton County Medical Society met in regular session at Bentonville, January 13, 1920. Members present: Huffman, T. M. Rice, Hurley, Cargile, and C. A. Rice. The small attendance was due to bad roads.

The following officers for the ensuing year were chosen: President, Dr. W. A. Pickens, Bentonville; vice president, Dr. C. S. Wilson, Gentry; secretary and treasurer, Dr. C. A. Rice, Rogers; censor, Dr. F. M. Duckworth, Siloam Springs; delegate to State meeting, Dr. Carter, Bentonville.

Dr. Hurley presented as an interesting clinic a young soldier with a very painful and aggravated flat foot.

Thirteen doctors paid their annual dues.

Adjourned to meet at Bentonville, second Tuesday in February.

Book Reviews.

FOOD FOR THE SICK AND THE WELL—HOW TO SELECT IT AND HOW TO COOK IT. By Margaret P. Thompson, registered nurse. Cloth, ix+82 pages. Price, \$1.00. Yonkers-on-Hudson, New York: World Book Company.

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By HENRY H. HAZEN, A.B., M.D.

Professor of Dermatology and Syphilology, Medical Department of Georgetown University; Professor of Dermatology and Syphilology, Medical Department of Howard University; Member of American Dermatological Association and National Association for Control of Syphilis; Visiting Dermatologist and Syphilologist to Georgetown University Hospital, Freedmen’s Hospital, Washington Asylum Hospital, and Woman’s Evening Clinic; Author of “Diseases of the Skin,” “Cancer of the Skin,” etc.

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OF THE

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Original Articles.

REVIEW OF DIAGNOSTIC METHODS.*

By W. M. McRae, M. D.,
Little Rock.

The ever-growing desire of medical research men for more accurate means of diagnosis has given rise to countless methods and innumerable inventions and accessories; and just as we have seen (or almost so) the transition of the old-fashioned polypharmacy into modern scientific prescription writing, we hope to see the more or less slipshod circuitous methods of diagnosis supplanted by more direct and accurate ones.

Formerly the physician had to rely largely on his special senses, viz: sight, touch, smell, hearing, and I have been told in rare instances even his taste, as a means of diagnosis. Be it said to his credit that those who were not content with merely feeling the pulse and looking at the tongue, but made the best possible use of all these five named special senses and could fortify them with common sense and judgment, were able to arrive at conclusions which make us question whether we of modern times, with all our special diagnostic paraphernalia, are making such use of it as to give us any distinct advantage in diagnosis over our predecessors.

A multiplicity of methods give rise to a multiplicity of errors. They are like guns, useless and even dangerous unless we train ourselves in the proper use of them. The great number of diagnostic methods makes it desirable to consider them in classes, physical, chemical, microscopical and serological. It is more renovating to criticize our application, or misapplication, of these methods than to extol their respective virtues, and a high culti-

vation of them is vastly more important to us at present than the discovery of new ones.

Physical diagnosis has been subject to innumerable refinements of technique made possible by inventions and accessories such as the plexor, stethoscope, electrically lighted diagnostic instruments, sphygmomanometer, sphygmographs, x-ray, spectroscopes, reflectors, etc., but still remains dependent on the five named special senses and experience for a useful application of these instruments.

We may put a stethoscope to our ears and hear sounds we cannot interpret; look through a microscope and cannot tell what we see; make an x-ray plate and be unable to say what is portrayed thereon; or make a manual examination and feel nothing. All this is a matter of close application and experience; but our most inexcusable blunders are due to a failure to make full use of the most elementary methods of diagnosis, viz: case history and inspection. History and inspection are the first letters of our diagnostic alphabet.

We are handicapped if we fail to get the information from a case history that does not give us an idea of the correct course of investigation to follow, and the more we practice it the less we will be wrongly directed.

Of inspection, a quotation of Edward Jenner is most expressive: "We make more mistakes by not looking than by not knowing." A plexor we have always with us, but its use is often a formality. I once knew a physician of the old type who could apparently eliminate everything else except "bilious intermittent fever" by percussion; and I then envied him his skill, but have since become suspicious that it was just a habit with him.

The following instance, however, bespeaks more a lack of skill in the art of percussion. Under "Author's Abstracts" in a recent issue of the Southern Medical Journal appears one from the Medical Record, by Abrams,

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

stating that a man required five prominent physicians of San Francisco to examine his heart for the purpose of determining whether or not he could with safety take an anesthetic. All outlined his heart in the usual place in spite of the fact that it was one of those rare cases of dextrocardia. The heart was on the right side of the chest.

It requires a high development of one's tactile sense and hearing to become an adept in the art of percussion, and the superiority of some diagnosticians over others with this method makes it seem almost of the nature of a gift rather than an acquirement.

The stethoscope introduced by Laënnec in 1819 as a means of mediate auscultation is one of the most useful aids to physical diagnosis, and the ease with which it can be mastered makes it the most generally used; but notwithstanding its great usefulness, cheapness and availability, for one hundred years we have seen doctors practicing medicine without it. Such an one could hardly be said to have any method of diagnosis at all, and many times subjects his patients to the danger of having his trouble entirely overlooked until too late.

The various notes, pitches and sounds coming from within the chest as described by some authors requires certainly a most talented ear to appreciate; but it is comparatively easy for anyone, by frequent examination, to differentiate the abnormal from the normal breathing and heart sounds, and, correlating them with other findings, gain far more information than could be obtained without a stethoscope. In short, the worst that could be said of the stethoscope would be to be without it or fail to use it.

Blood Pressure.—Taking blood pressure has become almost as routine a procedure as taking temperature, and, indeed, has about the same significance as a diagnostic aid, in that it may simply indicate to us that something is wrong. Only a careful consideration of the conditions which produce a high or a low blood pressure make a reading of any special value, and any treatment instituted on blood pressure findings alone is as irrational as treating a fever of which we do not know the cause. The wide variation of blood pressure in apparently normal individuals, due to habits, muscular development, time of making the reading, individual characteristics, sex, age, etc., make it difficult to form

any conclusions, except from the extremes, say, below 100 mm. or above 160 mm., and these reservedly. So that it must either be the subject of much study or else its field of usefulness is very limited.

Chemical.—Until recently, chemistry had added comparatively little to diagnosis when we consider at what an early date in history it became highly developed as a science; but as applied to the urine especially, one must be careless in the extreme to fail to make use of it for the simple and well-known tests.

Hardly a patient gets by one of us now without his urine being tested at least for albumen and sugar; but often if they are not found, he is assured that his kidneys are all right. A statement which may subsequently be found to be all wrong. Traces of albumen may be found in all normal urine. It is found in what would be considered pathological quantity and easily detected by ordinary tests in urine where there is hemorrhage or other abnormal exudates; along the genito-urinary tract in cystitis; after prostatic massage; from chemical toxins, dietetic errors and fevers; and is *not* found in quantities recognizable by ordinary methods in chronic interstitial nephritis at all times; which makes it clear that the presence or absence of albumen in urine does not mean the presence or absence of kidney disease. It devolves upon us the duty of determining that if present just what its source is and withholding an opinion, if absent in a suspected case, until other examinations can be made.

Sugar is found in urine other than diabetic. It is not constantly found in diabetic urine, and since we are relieved of the odium of using the sense of taste in this test, may very well repeat it, if indicated.

When casts were first discovered in urine, their presence was thought to be positive evidence of nephritis; but later, when the centrifuge came into use, it was found that in centrifuged specimens of urine, casts were found in the urine of a large percentage of normal individuals. This fact surrounds this test, once so positive, with conditions which, if not understood, rob it of its value.

More recent tests of the functional power of the kidney, of which the so-called thalein test is perhaps the most commonly used, are likewise made subject to question by nature's ever-present efforts at compensation; that is, the part of the kidney which is healthy is so

increased in activity that the total output is normal in spite of the diseased area.

I hope I am not understood as denouncing these most valuable tests; for what I mean to convey is the idea that no test is infallible and the results of all of them should be accepted conditionally.

Microscopical.—The microscope is without doubt the greatest diagnostic asset we have, and, when properly used, is the highest court to which we can appeal for a decision in many diagnostic tangles. The gratification of actually observing the organism which we from clinical observation have suspected of being present, is sufficient reward for our pains. The microscope, however, is not without its possibility of errors. Offering as it does a quick means of diagnosis, we are apt to resort to it too readily to the exclusion of other considerations and to place too much reliance on the immediate results. It is not uncommon to see a patient with advanced pulmonary tuberculosis cheerfully and pitifully confident he hasn't it because he has had his sputum examined with a microscope and no tubercle bacilli were found. An eminent diagnostician once made a clinical diagnosis of tuberculosis, and it took something like twenty microscopical examinations to verify it; but he insisted on them and his diagnosis was finally confirmed.

We know that if a diagnosis of pulmonary tuberculosis can be made before tubercle bacilli can be found in the sputum—that is, before ulceration takes place—the chances of recovery are at least twice as good, and probably many times better. So it may become a sad thing for a patient not to have his trouble discovered until it is done with a microscope.

A good physician in a rural district made a diagnosis of typhoid fever, which was correct, but he became uneasy and sent a specimen of the blood to a laboratory to be examined. The report came back, "Typhoid, negative; malaria, doubtful." Correct, no doubt, as far as it went; but so far as that case was concerned, simply confusing; because the doctor undervalued his clinical knowledge, wrongly construed the laboratory report, and was giving large doses of quinin to his typhoid patient.

The microscope has been in practical use for over a century; but if humanity is to derive the benefits to be obtained therefrom, all of us to whom a public laboratory is not

accessible should own a microscope, acquaint ourselves with the proper use of it, and minimize our mistakes by learning to draw the correct conclusions from what we see and look again for what we do not see the first time.

Serological.—The discovery within the last twenty-five years of certain ferments, agglutinins and precipitins in the blood and body fluids, together with a working knowledge of the phenomena of cytotoxicity, bacteriolysis, hemolysis and anaphylaxis have given rise to some very interesting and useful serological tests as a means of diagnosis. While the very intricacy of some of these tests that have developed therefrom make them liable to error and even questionable as to their value, sufficient proof that the theories at least of some of the types are substantiated in the fermentation test for pregnancy; the Widal agglutination test for typhoid fever; the precipitation test for the identification of various kinds of blood and secretions, largely of medico-legal value; the anaphylactic reaction of von Pirquet for tuberculosis; complement fixation tests for several diseases. Of special importance is the one for syphilis generally accredited to Wassermann. The von Pirquet test for tuberculosis is highly specific. It is as simple as a vaccination, and, though quite generally used and relied upon to detect tuberculosis in cattle, it has not, in my opinion, received the application generally that it deserves as an aid, at least, to diagnosing tuberculosis of human beings. The results of this test, like many others, cannot be accepted at face value, *i. e.*, what they seem to indicate; but a thorough understanding of the principle upon which the test is based and the conditions affecting it, will establish its importance as at least a link in the chain of evidence for or against tuberculosis.

For instance, depending, as the test does, on a local manifestation of the reaction of cutaneous cells to tuberculin, the cells of a person with advanced tuberculosis have lost their sensitiveness to the toxin, due to long continued saturation, and could not be expected to react to an artificial inoculation and will be negative; but it is not in the far advanced cases that the test is useful.

Of positive reactions in persons having no detectable clinical symptoms, one authority says so conclusive have they been found by subsequent autopsies that proof of the absence of small lesions rests with anatomical

findings. So the majority of tuberculin reactions, both focal and local, are found in cases which show little or no clinical signs, it requiring only minute foci to cause the sensitiveness necessary to the reaction, and these being the cases most amenable to treatment, the necessity of cultivating the test seems apparent.

Most serological tests are long and complicated and require more time and special apparatus than is practical for the practicing physician to afford, and, unless they are simplified, will be, as they are now largely, done in especially equipped laboratories by trained men. The serum diagnosis of syphilis is probably the best known, and certainly the most valuable and generally used, of the complement fixation methods. It should have equal rank with the great therapeutic discovery, salvarsan, in the revolution of the prognosis and treatment of syphilis, in that it makes possible the diagnosis and oftentimes successful treatment of obscure syphilitic conditions heretofore unrecognizable. It enables us to keep a more accurate check on the treatment of our syphilitic cases until a complete recovery is made, which cannot be ascertained by clinical symptoms and will in this way act as a powerful preventive of the various forms of neuro-syphilis which have been so hopeless.

A recent lecture and demonstration before the Pulaski County Medical Society by Dr. McFadden of New York, showing the extent to which they relied on the Wassermann test in his clinics, was convincing proof of its value as a test of both the blood and spinal fluid in the diagnosis of cerebrospinal syphilis.

Productive of much good, it is not without possibilities of error due to faulty technique and failure to properly interpret the findings. Also misuse in exploiting the victims of syphilis who know that their blood can be tested for syphilis, yet are ignorant of the glaring substitutions of some worthless test in place of the genuine, some of which I have observed.

A patient admitted having had an infection, but said he had thorough treatment and his blood was negative. He had symptoms of syphilis, so he was questioned about the test. He stated that the physician took some blood on a glass slide and examined it, assuring him he was well. His blood, however, when I saw him, ran x 2.

Another case undoubtedly tubercular had had a Wassermann made in what, in the light of our present knowledge of the test, was certainly record-breaking time, and was given a strenuous course of salvarsan, greatly aggravating his symptoms. Similar instances of wilful prostitution of scientific methods prompt me to mention these two cases to show how we may be caused to err innocently through the faults of the pretenders.

Diversity of opinion on therapy has divided the profession into discordant elements which can only be combatted by scientific diagnoses. The treatment of the quack is as much appreciated in many instances as ours; but the time will come when his patient will want to know the real trouble. It is then that our opportunity comes to show him the light of scientific medicine; and this can only be done through unity of opinion attained by careful application of all that science has given us.

A small laboratory in connection with every doctor's office, a working knowledge of the simpler methods of diagnosis, and a correct understanding of the principles and conditions surrounding and affecting the more elaborate ones which we cannot make, will do more to drive quackery from our midst than any amount of oral or printed propaganda.

DISCUSSION.

Dr. D. C. Lee (Little Rock): I do not believe that I have anything to add to the splendid paper read by Dr. McRae. He certainly covered the subject, and covered it well.

In regard to the bacteriological and the serological end of it, he spoke of some fellow having made a Wassermann reaction on the slide. Now, I don't quite understand just the reaction that he made. However, I do recall having read something like two or three years ago where some fellow had gotten a Wassermann reaction, which he claimed was made by the hanging drop method, similar to the Widal test. Then he observed and watched for either the hemolysis or non-hemolysis of the cells under the microscope. So, he may have really been making a Wassermann reaction on a small scale. However, I would not vouch for the reliability of this method.

Dr. H. Thibault (Scott): I consider Dr. McRae's paper one of the most important that I have heard. Any man with a few text-books in his office, if somebody will give him the diagnosis, can go back to the office and, with very little trouble, find something to give the patient. There is a peculiar thing about meetings of the medical society. We stand up and squabble for an hour and a half over whether to give a child seven grains of bismuth every two hours, or eight grains of bismuth every four hours; but we don't pay much attention to how we arrive at the fact that the child needs bismuth, and that's the important point. There is a vast difference between a physical examination and a diagnosis.

As Dr. McRae has stated, the mistakes are made oftener in simply neglecting to look. A few years ago I read a paper on slow fever. I don't know whether any of you know what that is or not. I don't. I said that there is no such thing as slow fever; that slow fever could be divided into four different classes of cases: tuberculosis, typhoid or paratyphoid, some form of chronic sepsis, as a general rule. But tuberculosis and typhoid or paratyphoid and sepsis are the rule. A *very* few of them are malaria.

So, a doctor got up in the meeting of the society and said, "Doctor, I am certainly glad you read that paper. I have got a genuine case of slow fever right here in town, and I want you to see it before you leave here." I went over there to see it with him. The child had had fever for about four weeks. The doctor had given quinin, and it didn't do any good. The face was flushed. I suspected she was septic. She had that little tinge of discoloration in the skin so typical of hemolytic septicemia. So that, when he got through giving me a history of the case, I walked to the bed, turned the cover back, and pulled the little girl's gown up to the chin. He was standing by the bed. He said, "Oh, God! She's got pleurisy!" Her left side was bulged out about four inches more than the right. She *did* have pleurisy. In fact, she had had empyema of the left side for that whole time of four weeks.

It was simply because he neglected to look at this child that he made a diagnosis of slow fever. And, in nine times out of ten, when such a diagnosis as slow fever is made, the cause is neglect to look. And, when we fail to make a diagnosis, it is due to the fact that we are not using the faculties that we have. Very few doctors will make mistakes in diagnosis if they will employ the faculties and the skill that they have. That is all that is demanded of us mortals, legally or morally, to have a reasonable amount of skill and a reasonable amount of intellect, and use them diligently. If we don't do that, we are up a stump. The making of a diagnosis is the correlation of the facts after we get them. The examination begins with the history of the patient's parents and grandparents and the patient's history before he got sick, the history of the present attack, and then the objective and subjective symptoms, the various laboratory examinations as to the blood and urine and the various biological reactions. After we have gotten all of them together, then we make the diagnosis. We do the first mechanically, but when we get through with that part of it, then comes the opportunity where we work above the neck—that is, the brain part of it. That is, to correlate these facts.

Sometimes we start out on a case, and it looks hopeless. We cannot tell what ails the patient, but just keep digging right along on that same line. Get the patient's history before he got sick; the history of the present case; then make a thorough physical examination, then get your laboratory findings, and, the first thing you know, the structure stands before you just like a child building a house of blocks.

If you follow this course you will find the diagnosis unfolding itself to your gaze by the time you reach the end of the examination.

Chairman: Let's hear from Dr. Dooley.

Dr. J. B. Dooley (Little Rock): I haven't anything that I could add to Dr. McRae's paper, or to Dr. Thibault's discussion. I most cordially endorse them. I think they have given us a great many fine points to think about, and I can only say, what I think the majority of us would say as I do, that I heartily endorse the statements.

Dr. J. W. Melton (Benton): Sometimes in life, good and severe criticism does a man more good than all matter and manner of commendation.

When I was attending my first course of lectures, I remember very distinctly a remark that my friend, Dr. Thibault, made to me that has done me a whole lot of good. It has been a long time ago, and, of course, he has forgotten it. Later I came to Little Rock and took a short post course, and, during one of his lectures, he made another remark that has done me good. He said that a physician who would permit a patient to come into his office, feel his pulse, look at his tongue and take his temperature, and take a dollar off of him, had just as well steal that dollar. That is about the extent of what he said. I think maybe that I have been guilty; but I don't think that I stand alone, but I have tried to overcome that.

Now, gentlemen, I know from observation that we don't examine our patients as closely as we should. We don't live up to what we have been taught, many times. Sometimes we get in too big a hurry. But, I do say, and I have heard the remark out through the country, that the state laboratory is a God-send to the people of the State of Arkansas, and it is. But I don't think that we, as practitioners, should depend upon the state laboratory to make our chemical and microscopical analyses for us. I think that we should equip our own offices with a microscope—or, at least, have one in our town—and we should patronize that, if we haven't it in our own office; and we should make our examinations as far as possible at home.

The great reason that we make mistakes is that, as Dr. Thibault says, we don't use the means that are at our command. I do think that any young physician—and I class myself as a young physician—ought to equip his office to do thorough diagnostic work, and that I expect to try to live up to it. After going about and seeing what others are doing, and getting new ideas, I am trying to live up to them. I feel that most anybody, as Dr. Thibault has said, can prescribe treatment, but possibly not as judiciously as others; but the main thing is to find out the trouble.

I thank Dr. McRae and Dr. Thibault both for what they have said, and I think this is one of the best papers that I have heard today.

Dr. McRae (in response): I have nothing to say; except to thank the gentlemen. As to what I said regarding the Wassermann test, I simply mentioned it as one of the tests that is sometimes practiced.

GOVERNMENT NEEDS PHYSICIANS.

The United States Civil Service Commission announces that a large number of physicians are needed for employment in the Indian Service, the Public Health Service, the Coast and Geodetic Survey, and the Panama Canal Service. Both men and women will be admitted to examinations, but appointing officers have the legal right to specify the sex desired when requesting the certification of eligibles.

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Further information and application blanks may be obtained from the secretary of the U. S. Civil Service Board at Washington, D. C.

WHEN, WHERE AND HOW TO OPERATE IN FRESH WAR WOUNDS.*

From a French Surgeon's Point of View,
Major Macquot.

By L. J. Kosminsky, M. D.,
Texarkana.

Amputation may be indicated:

Primarily, before the appearance of clinical signs of any infection.

Secondarily, after appearance of clinical signs of infection.

Primary amputation is indicated:

1. When amputation is quite or almost accomplished by the trauma.
2. In complete crushing, where death or gangrene of the distal part is unavoidable.
3. In certain cases of grave injuries of bone and soft parts not necessarily productive of gangrene. In such cases the decision is based on:

(a) *General factors*—Shock. Certain patients in shock, especially after bleeding, must suffer amputation; perhaps some other forms of shock also. Again, on the other hand, operation is fatal in other cases.

General condition of the wounded, their age, etc.

(b) *Local conditions*: Distinction between the upper and lower limb. In upper limb, conservative surgery is less dangerous, gangrene not so common, and artificial limb less efficient; so indication to amputate less common. The opposite is true of the lower limb, whose essential function is solidity; amputation is more frequently indicated here. Existence of bilateral lesions is in favor of conservation. Prolonged tourniquet would indicate amputation; same if wound is badly soiled.

(c) *Extrinsic factors*: One is obliged to amputate more frequently in periods of great activity, as having limb necessitates more care of the case, which is impossible at such a time.

Secondary amputation is indicated:
In ischemic gangrene.

In septic gangrene, massive gas gangrene. In certain deep gasphlemons that spread rapidly.

In certain comminuted fractures with grave sepsis and secondary hemorrhage.

In *purulent arthritis*, when expert treatment is without effect.

Perhaps sometimes in tetanus, to do away with the toxin producing focus.

Where to amputate:

This is determined, first, by the nature of the injuries, and secondly by prosthetic considerations.

Nature of injuries:

(a) Primary amputation must, as a rule, be performed at the seat of injury and be as conservative as possible.

(b) Ischemic gangrene calls for amputation in healthy tissues, as low as possible. There are two exceptions:

1. When above the zone of massive gangrene there is one of superficial emphysema or *bronzed* erysipelas; one can amputate in the latter zone, provided stump be treated so as to check the process.

2. When section is altogether healthy, tissues would entail a much graver operation (subtrochanteric amputation of the thigh, instead of an ex-articulation of the hip).

4. In amputations for grave infections (shattered bones or arthritis), early secondary amputation, it is often advisable to amputate in healthy tissues above the lesion.

In late secondary amputation, on the contrary, one can often perform a typical amputation at the focus of injury; one must take into account the fixing of the future artificial limb.

Prosthetic considerations are secondary; however, for each segment of a limb there is a minimum useful length that ought to be preserved if possible. One must ever bear in mind the position of the scar.

How must one amputate?

(1) Anesthesia must be light; chlorid of ethyl seems to be the anesthetic of choice.

(2) Preliminary hemostasis: By elastic compression; by the distal compression of

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

the main artery; by preliminary ligature of the main artery.

Mode of amputation:

Atypical amputation:

(1) Preliminary amputations: the necessary excision of the soft parts indicates the point where the bone must be cut.

(2) Secondary amputations in a focus of suppuration: these are mainly late secondary amputations; but straight through the seat of fracture or the joint, preserving flaps when possible. These secondary amputations often necessitate late corrective operations.

Typical amputations in healthy tissues (gangrene, grave infections) less frequently primary amputations, when the wound is very badly soiled.

(1) In the first group of cases, amputate by the circular method (preferably with a second section of the muscular cone) without suturing. Amputation by the method of flat section is not a method of choice, but of necessity, where: The section is made in contaminated tissues (zone of extension in gas gangrene). It would be necessary otherwise to perform a graver operation (hip), or where there is a great interest to preserve as much as possible in order to be able to fit an artificial limb.

(2) In the rare cases where one performs primary typical amputations, the circular method (most frequently) or the flap or elliptical methods will be used according to the seat of amputation, and the conditions necessary for fitting the artificial limb, primary suture may be used. In all cases after treatment (continuous extension and dressings) is of great importance.

Indications and general technic of amputations:

When there is much destruction of soft parts, especially those involving important nerves and vessels, amputation is necessary. Shock is considered by many as a contradiction to amputation, but you should distinguish clearly between shock and hemorrhage. When shock is due to sepsis, amputate, as well as for controllable hemorrhage. If patient is in true shock at the time of the operation, this will kill him. Be conservative in amputating. Amputations of the lower extremity are much more dangerous than those of the upper. It

is hard to make any rule, but usually when from ten to fifteen centimeters of a femur have been blown away, it is best to amputate. The mortality is as high as 30 per cent in amputation of the thigh. Amputate when there is massive gangrene, but in local gangrene it is better to wait. Secondary hemorrhage is an indication for amputation, but it is never, as a rule, proper to amputate for tetanus.

Where to amputate:

One can amputate at the point of the lesion, but if the lesion is very high up in the thigh, rather than do a disarticulation at the hip, it is permissible to amputate through the extension of bronzed erysipelas if you treat the superficial condition. In general, however, it is better to operate in healthy tissue. Always amputate as low as possible when you get near the shoulder or hip joint. In amputations of the thigh, immobilize your limb by extension with a weight of from three to six pounds. This has a tendency to take the pressure off the stitches of the skin, as the pull is quiet; there is always some amount of jerking of muscles after an amputation. In thigh amputations there is a tendency to reversion to the circular method and the wound is left open. Secondary amputations are less often done in eschémie gangrene and in septic cases. We should amputate any grave septic comminuted fractures or purulent arthritis, especially the knee. Save all serviceable parts of extremities when possible. Of sixty-one cases of hemorrhage due to injury of femoral artery, twenty-seven had to be amputated, and five died. It is difficult to make any fixed or fast rules for amputation, as it depends on the art of the operator.

How to amputate:

As a matter of fact, amputation is generally done in shock, and for this reason amputations are grave. Never use lumbar anesthetics. Dr. Maequod tried it and had to give it up. Under no conditions use chloroform. It is best to ligate the main vessels before amputating, but if not, use a tourniquet. Primary amputation is really not amputation at all, but the shaping up of a limb; only the devitalized tissue should be removed.

Sepsis and gangrene make a serious prognosis. While the best method, as before stated, is the circular, as they suture afterward, and this diminishes the chance of infection.

Flaps may be used, but they always are atypical. The surgeon who has only a method or two is not a real surgeon.

ILEOCOLITIS.*

By J. W. Melton, M. D.,
Benton.

In presenting this paper, I allege but little, if any, originality, but rather a thorough summing up of the gleanings of the literature on the subject, for the past several years, coupled with an observation of some few hundreds of cases covering a period of nineteen years of active work.

Etiology.—Age, climatic conditions, food, and other intestinal disturbances are alike predisposing factors.

We find infancy and early childhood the most frequent age at which to have ileocolitis, also the hot summer temperature is an exciting factor. Cases of acute and subacute indigestion, following indiscretion in diet, are liable to be followed by this more grave malady.

Bacteriology reveals in a large percentage of cases the dysentery bacillus, the Shiga and the two Monnite-fermenting types, the Flexner-Manilla and the Hiss-Russel. We also have the amebic form of dysentery which is not entirely out of place under this heading, and which must be kept in mind in all cases of ileocolitis with blood and mucus in stools.

Pathology.—The lower ileum, rarely more than three feet, and the colon are the locations of the lesions which may vary much in intensity, while the major lesions are usually in the colon; the small intestine is affected in about 35 per cent of all cases. There may be localized areas of congestion, enlargement of the solitary follicles and swelling of Peyer's patches.

The inflammation may be acute or chronic, catarrhal, ulcerative or pseudo-membranous in type. Although the term dysentery is properly used to denote only infections by the bacilli of Shiga and Flexner and the protozoon Amebi Coli, the lesions produced may be conveniently considered under the term ileocolitis.

In eighty-two autopsies, Holt found follicular ulceration in thirty-six, catarrhal inflammation in twenty-six, membranous inflammation in fourteen, and catarrhal with superficial ulceration in six.

In simple catarrhal ileocolitis, the submucosa is but slightly swollen. The mucosa is swollen, congested and covered with secretion, and dotted with occasional spots of epithelial exfoliation and hemorrhage.

In the ulcerative form, the ulcers may originate in the solitary follicles and are then small, superficial, round, yellow, sharply defined and surrounded by an inflammatory zone. Later the ulcers may enlarge, coalesce and become deeper, exposing even the muscularis. In cases of long standing, all the coats of the intestine may become involved, by thickening and inflammatory infiltration. In pseudo-membranous ileocolitis, the intestinal mucosa is covered with a fibrous exudate which can be rubbed off at first, but later becomes adherent. This is the form in which the membrane comes away at times in casts, where the laity tell you part of the bowel or lining at least has passed away.

The mucosa becomes necrotic, and larger or smaller areas are lost, leaving a congested base surrounded by dead tissue. The lesion is usually most marked in the colon, but the lower ileum may be involved. Healing may occur, but is rare, death being the rule.

Symptomatology.—The onset is usually sudden, often with vomiting, pain and fever, and frequent thin green or yellowish stools, containing mucus and undigested portions of food, followed later by mucus and bloody actions. After some three or four days the blood may disappear, but the mucus remains in increased quantities.

Abdominal pain is present and tormina and tenesmus are frequently very severe just before stool. The temperature is very high, from 102 to 104 degrees F. during the first twenty-four to forty-eight hours, falling some after the acute toxemia has been relieved by the withdrawal of food and complete evacuation of the alimentary tract.

Prolapsus ani is a frequent complication.

Diagnosis.—Ileocolitis is to be differentiated from typhoid by the microscopic finding, and by the importance of age; as in typhoid, we seldom find it in individuals under five

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years, whereas, in ileocolitis it is most frequent during infancy and early childhood.

Also by the gradual onset, typical temperature curve, tympanitis and eruption of typhoid, intussusception should not be confounded with ileocolitis, yet statistics prove the contrary, as many cases of intussusception have been diagnosed primarily as ileocolitis, but the sudden onset with pain and vomiting, often of stereoraceous material together with the lack of temperature in intussusception ought to prevent a mistake.

Meningitis is rather more difficult of differentiating and can only be differentiated by the continual observation of the case together with the microscopical findings.

Treatment.—Dieting is of the utmost importance; milk in any form should be stopped at once and rice-water, gralum-water or barley-water, to which may be added chicken or mutton broth with salt or sugar, substituted.

It is well to alternate between the different cerea mixtures, as the patient soon tires of any given formula. Eiweis mileh (albumen milk) may be given, diluted with barley-water two or three times a day; after ten or twelve days it is often better to revert to the normal diet, but, of course, this should be done gradually and cautiously.

As to drugs, opium, bismuth and castor oil possibly stand first, yet I think calomel is also a very important agent and one I would not like to dispense with.

My preference is, where called to attend a case of ileocolitis during the first twenty-four to forty-eight hours of illness and where the bowels have not been relieved by purgation, to give a powder of hydrarg. chlor. mit., gr. $\frac{1}{8}$; bis. sub. nit., gr. v; cerium oxalate, gr. ii; sodii bicarb., gr. ii; and repeat every three hours until six or eight have been taken, after which I follow in three hours with, say, $\frac{1}{4}$ oz. of castor oil containing four or five drops of turpentine.

I follow this with large doses of bis. sub. nit., say, grs. x, compounded with cerium oxalate if there is nausea and vomiting, to which may be added one to three grains Dover's powder. If purgation is very frequent, use one powder every three hours.

I also modify this treatment with tannin or tannic acid if there is much hemorrhage in stools.

Where there is much tenesmus or tennina, tr. opii deodorized, tr. belladonna, tr. nuxvomica, quantity sufficient according to age will control this condition, or, what is better, when it is borne well by patient, is the time-honored starch and opium enema. This brings us to the consideration of enemas and irrigations.

While there is no doubt in my mind that enemas and irrigation of the bowel are very potent factors for good in these cases, there are certain contraindications, and, in my opinion, this mode of treatment is more often overdone than otherwise.

There should be a definite indication for enemas before their use is resorted to, and we find this where there is mucus and blood, but sluggish bowel movement; also where we have frequent bowel movements with much tenesmus.

The irrigations should be of normal saline solution and be given at a temperature of about 100 F., and if this is borne well the fever will decrease, patient become more quiet, and tenesmus and frequency of stools be reduced. This should be repeated about every twelve hours. Only where we have delayed bowel action, with decomposition of blood and mucus and high fever, are we justified in giving irrigations oftener than twice daily, and then if irrigations are not borne well, where the patient strains and fights against them, they should be discontinued. The physician should be on the alert for symptoms of impending acidosis, which is a frequent complication of ileocolitis, and when fully established is also a terminal factor.

The first and most striking symptom is hyperpnea accompanied with an ashen grey color of skin, but no cyanosis. The microscope reveals a polymorphonuclear leukocytosis of 10 to 20,000.

Decreased kidney action amounting to anuria is often present; therefore, keep a watch on the kidneys. Determinations upon the alveolar air show a marked reduction of the carbon dioxide, 12 to 15 mm., from 35 to 45 mm. normal.

These symptoms should be met by the prompt administration of the alkalies and sodium bicarbonate, meets the requirement best. A four-ounce solution given intravenously in amounts of 75 to 150 cc. answers the purpose best. Repeat every three or four hours until hyperpnea disappears. Soda by mouth may

be given in 20- to 60-grain doses, repeated every two hours.

The kidneys should be stimulated by giving water or salt solution freely by mouth, rectum, subcutaneously or intravenously.

As we have before stated, ileocolitis may be caused by the ameba, and this can only be proven by the finding of the ameba in the stools; and remember that one, two or even three negative findings are not conclusive evidence that you haven't amebic dysentery, where the clinical symptoms are indicative of that condition. I have a patient now in mind, whom I had diagnosed amebic dysentery, without the aid of a microscope, as I did not do microscopical work at the time; but later had consultation and a microscopical examination, which changed the diagnosis; had patient operated on; when he continued to grow from bad to worse, had further on new consultation with microscopical aid, and continued consultation by the best men available, with another operation, until finally I dare say a fairly representative number of the members of this society have been consulted on this case, and just a few weeks back a certain bacteriologist of this city succeeded in finding invading ameba, and today patient is confined in the wards of the state hospital.

Where a diagnosis of amebic dysentery has been established, the patient should be put to bed if not already so confined, placed on restricted diet, and given emetine injections.

Quinin enemas have been highly recommended for these cases, though, personally, I have had no experience in that form of treatment.

DISCUSSION.

Dr. T. S. Hare (Crawfordsville): I have enjoyed the doctor's paper very much, but there are some things in it, it seems to me, that he did not emphasize sufficiently. One of these is his mention of intussusception. In some of these cases of intussusception, if you make a rectal examination with your finger, you will find a mass there in the rectum; if you also give the patient an anesthetic, you will find oftentimes a sausage-shaped mass in the abdomen there, which gives you, beyond any doubt, your diagnosis.

How about calomel? In most of these cases, when they call the doctor, it is too late for purgation. But, where you have your vomiting, that is a case where I think the calomel is indicated. I usually give about a quarter of a grain every hour until I give two grains.

The doctor says he thinks the bacillus of Shiga is responsible for most of these cases. He convicts his own statement; or, rather, takes it back. If we want to eradicate Shiga's bacillus, we know we have to do it in an acid media. I don't think Shiga's bacillus plays an important role in these cases. If it did, bismuth would not cure these cases. I think bismuth is the remedy by far; but I don't think that the

doctor gives enough bismuth. Any child two or three years old can take fifteen or twenty grains of bismuth every two hours. But, giving bismuth in water, like the average physician usually fixes it up, you won't be surprised if it produces emesis. If you prepare it with the old-time syrup of rhubarb, about a dram to the ounce, it makes a very palatable mixture which the child doesn't mind taking; in fact, likes to take. I have often had the mother say, "The baby wants the medicine all the time."

Then, there is another thing to be considered in giving bismuth. How do you know when you are getting the therapeutic effect of your bismuth? If you do not produce a black stool by your bismuth, you had just as well not give it. You must produce the sulphide in the bowels. In order to do that, you want to give about a grain of sulphur to each dose of bismuth, and the bismuth in forty-eight hours will produce a black stool.

In these cases, irrigation in the beginning is very important, because I believe elimination is very essential. Just give them one irrigation, washing out the colon. For diet, for the first forty-eight hours I always give weak black tea, one teaspoonful to a pint of water. Oftentimes the little fellow will take that, even without any sugar; but, if necessary, I use sugar with it, or saccharin, one grain to the pint. Of course, all these cases are due to food, and we would not put out a fire by putting on fuel. Most of the children have enough food stored to last two or three days, anyhow. It not only serves to stimulate, but it will also aid the bowels, being an astringent.

Dr. H. N. Street (Lonoke): I would like to call attention to the care that I think is necessary in the use of bismuth to avoid poisoning by it. It is something that we don't read much on or see much in literature; occasionally we do. It is generally thought that there is no danger in bismuth; but I would like to call attention right here to the fact that there is danger in it, and you cannot give it indiscriminately, and especially you cannot give it indiscriminately in cases where there is inflammation of the mucous membrane of the intestinal tract.

I will never forget a little case that I was called in consultation to see. The patient had a little attack of indigestion, followed by severe purging and vomiting. The doctor had prescribed considerable doses of bismuth in connection with some calomel. He had not given any opiate at all. We found that child in the classical state of bismuth poisoning. There was absolutely no other way in the world to account for its condition. Strange to say, it had almost the same effect as that of a dose of opium. The baby went to sleep; you couldn't arouse it hardly. There was a progressive decline in its respiration. When I found it, it was breathing six times to the minute. We did everything in the world to try and relieve that child and eliminate the bismuth. The bowels were checked. We were able to get them open; but, even then it wasn't relieved; it died. I made a diagnosis of bismuth poisoning. There was only one case that I had read of previously, and since then I have seen two other cases mentioned in literature. But it is something we don't come across very often in the literature or very much in private practice. It is not a question of quality of the drug, but one of condition.

Dr. Hare: If you use a good preparation of bismuth like Merek's, you will not have any poisoning.

Dr. Street: This was Squibb's.

Dr. H. Thibault (Scott): I do not want to enter this discussion on bismuth, but, with regard to ileocolitis in children, the treatment ought to take place before they have it. It is one of the most easily pre-

vented diseases, with ordinary precaution, that we have to deal with. The rise of ileo-colitis in any community, under ordinary circumstances, is in proportion to the increase in flies, and also in proportion to the dirt in the milk supplied. But, there are a lot of other simple factors that we can consider in educating the mothers, especially those with their first child, that will prevent ileo-colitis. Even in houses that are screened against flies, and even under circumstances where the milk that the child uses is boiled, very often the mothers give their child a pacifier or a stick of candy or something else. They put the child down on the floor and he sticks it in his mouth and then rubs it around on the floor where the dirt from our boots and shoes is scattered, and then puts it back in his mouth. Whenever you see these little fellows that are kept on the floor with a pacifier or something that they can wet in their mouths, even if it is their fist, they generally have a spell of "teething" sooner or later.

The time to treat ileo-colitis is before they have it, especially with those practitioners that have the opportunity to instruct young mothers with their first child. They can prevent a great deal of this trouble by explaining to the mother how it is acquired; dirty food or dirt, independent of the food, introduced into the child's intestinal canal. The other factors simply are those of lowered resistance. We say they are more subject to ileo-colitis; they are. We ought to be a little more careful in these cases than we are in those of the lively, strong, robust children; but the place to do this work is before they have it. That's the place to prevent it. Lots of those cases are in a moribund condition by the time the doctor sees them. There is fatal poisoning. You can wash out the stomach and bowels; but the child has absorbed enough poison that it is going to die. We call that acute cholera infantum, and all that sort of stuff. At the same time, its source is practically the same—DIRT! It means an overwhelming infection with lowered resistance corresponding to the Algid form of malaria.

It is better to prevent ten cases, though you get very little praise for it, than to pull one child out of one bad case.

Dr. Melton (in response): I wish to thank the gentlemen for their discussion of my paper. I might possibly use different means. We all try to obtain the same thing.

Regarding the bismuth treatment, I don't feel like we ought to give any drug indiscriminately. I don't believe that the average physician will do that. I would not give bismuth as a routine all the time, under all conditions. But, I think it is indicated in most all cases, as we have some purging in all cases. I give it combined with Dover's powders or some form of opiate as necessary, according to my judgment.

As Dr. Thibault says, of course, if we could prevent these cases before they come on, it would be much nicer. But, we people that do a great deal of work in the rural districts find that it is very hard to prevent diseases, when they don't call you until they are almost dead.

I am sure that the time is approaching—possibly it will not be in the history of my life—but the time is coming when the physician will be paid to keep people well. That is what we are trying to work up to, and I am an advocate of that, and we are getting better organized even now, and will do more along that line hereafter than we have in the past.

VENEREAL DISEASE ITEMS.

By J. T. Clegg,

Field Director, Venereal Control for
Arkansas.

The Cotton Belt railroad system, whose surgical department is under the management of Dr. A. E. Chace, Chief Surgeon, at Texarkana, is doing excellent work in the control and treatment of venereal diseases among its employees

When doctors realize the importance of reporting venereal diseases, as many of them do, they will willingly co-operate with the State Board of Health in that branch of the bureau.

The greatest tragedy in the play of the "Seven Ages" is venereal disease. The infant is blind. The child is an imbecile. The youth is a weakling. The adult is an invalid. The man is a cripple. The aged is a paralytic. The senile is insane.

Doctors who cannot and do not treat venereal disease should see that every case of venereal disease is referred to some doctor who can and does treat it, or to some clinic where good treatment is given.

Many prostitutes would willingly apply to reputable physicians for treatment and could be rendered noninfective if they knew where to go.

Vaginal irrigations in the treatment of gonorrhea in women were condemned by Lawson Tait thirty years ago for good and scientific reasons.

Venereal disease is declared a contagious and infectious disease and is legally made notifiable by every State in the Union.

Acute gonorrhea is usually best treated by putting the patient in bed and giving, or even compelling, the abundant drinking of water. This was the practice in some of the large V. D. hospitals in France during the war.

Keep complications out of the deep urethra.

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INFANT WELFARE—Morgan Smith, Chairman, Little Rock; J. A. Bogart, Forrest City; J. M. Muse, Conway; M. Fink, Helena.
WORKINGMEN'S COMPENSATION AND SOCIAL INSURANCE—J. D. Southard, Chairman, Fort Smith; R. C. Dorr, Batesville; Wm. Breathwit, Pine Bluff.
HOSPITALS—C. S. Pettus, Chairman, Little Rock; C. M. Lutterloh, Jonesboro; John Stewart, Booneville; J. I. Scarborough, Little Rock.

Editorials.

THE ANNUAL MEETING OF THE STATE SOCIETY.

The annual meeting of the Arkansas Medical Society will be held at Eureka Springs, June 8, 9 and 10, at the Crescent Hotel. When still wearing overcoats and toasting our toes by the fireside, June seems a long way

off. But, as is set forth in "As You Like It," time is a relative term. It gallops with some and halts with others, according to circumstances. Were one doomed to be executed in June, the dreaded day would appear to be close at hand, but to the expectant bridegroom even tomorrow is a long time distant. It is time right now to begin preparing the scientific program. The Committee must know betimes what papers they may expect; and the writer of a paper must have time in which to prepare it. The physician in active practice does not have much time he can call his own. He must procure his data at odd times, whenever he can, and he must arrange and write his paper in the same manner, just when the times are propitious. If left to the last possible minute, the result will be a hurriedly prepared paper which will probably not reflect credit on the contributor, nor be of enduring value to the audience. The committee asks that those who wish to present papers, signify their intention at once. It is none too early, and if you postpone doing so, you may overlook it entirely. It is only a question of doing a little work, some research perhaps, all of which is good for all of us. Write at once to the Program Committee, Dr. F. Vinsonhaler, chairman, Urquhart Building, Little Rock.

Following the usual order, the opening session will be devoted to the business of the House of Delegates. In the afternoon the General Session will convene, with addresses of welcome and responses and the annual address of the president.

Following these there will be orations by two distinguished visitors to be announced later. On the morning of the second day there will be memorial exercises in memory of those who have in the last year passed away.

In the afternoon session of the second day will be introduced something new on the program in the way of "M. C. Day." There will be papers and discussions by Arkansas physicians who served in the Medical Corps, U. S. Army, during the great war.

The third day will consist of papers on medical and surgical subjects and close with the final reports of the committees and election of officers. Eureka Springs is a beautiful place for the convention, one of the finest health resorts in the State, with grand scenery, springs of pure water, a picturesque

scenic highway, no hot nights, and abundance of first-class hotel accommodations.

SPECIAL NOTE.—Your dues to your County and State Society are now payable. Remit at once to your county secretary. His books close March 1, and only county societies in good standing can be represented by authorized delegates at the annual meeting.

VENEREAL DISEASE CONTROL.

The United States Public Health Service, in conjunction with the various State Boards of Health, is doing a great work in venereal control activities throughout the country. One of the helpful factors is the attitude of advertising media in co-operation. Circulars were sent to the business managers of 20,000 newspapers and magazines, with the result that it was found that 19,800, or 99 per cent, were co-operating by refusing advertising of doctors and institutes offering to treat venereal diseases, not to print advertisements of nostrums for self-treatment of such diseases.

A special letter sent to the 200 papers carrying such advertising resulted in sixty signing the agreement to refuse such advertising. Not less encouraging was the attitude of the druggists throughout the country. A campaign was launched to ask druggists not to sell proprietary alleged remedies for self-treatment, not to buy such remedies or nostrums after January 15, 1919, and to distribute literature sent out by the surgeon general to applicants for such nostrums and recommend them to consult a regular practitioner. Nearly 60 per cent of the druggists to whom appeals were sent signed the pledges to co-operate in this great work. Nearly 50 per cent of the doctors have agreed to co-operate by reporting all cases in accordance with the laws and rules of health organizations, not to dispense medicine themselves unless the remedies cannot be obtained from a drug store, not to sell proprietary remedies for self-treatment, and to give every venereal patient a circular of instructions furnished free by the Public Health Service.

To really control venereal diseases is a tremendous job, hedged about with many difficulties, some of them almost insurmountable; but by the united co-operation of physicians, druggists, newspapers and magazines, educators and others, a vast work can be accomplished.

THE ANTI-TOBACCO CRUSADE.

Dr. T. B. Bradford of Cotton Plant, sanitarian, Rock Island Lines, Arkansas, Louisiana and Oklahoma, is conducting a state-wide anti-tobacco crusade and has sent to this office and to the public health officers, county superintendents of education, and teachers throughout the State a questionnaire asking for their belief regarding the effects of the use of tobacco; its advantages or otherwise, of its use by soldiers engaged in warfare and sundry personal questions as to whether the person receiving the questionnaire uses tobacco, in what form, how much, and the effects, whether good or bad.

The Journal stands for whatever is for the welfare of the youth of the land, and we believe it is generally conceded that indulgence in tobacco in any form by the immature is harmful. Its indulgence by the adult, and especially by the soldier, touches quite a different phase, and opinions will widely differ. The average school teacher's opinion as to the effect of tobacco might be of value touching the effects on the school pupil. His opinion as to its effects on the adult and on soldiers in warfare could not be of more value than that of any layman. Indeed, it might be based on the anti-tobacco propaganda sent out by reformers, much of which is opposed alike to truth, to common sense, observation and experience.

To set forth that the use of tobacco destroys the memory, injures the mental faculties and is harmful to the bodily health, when the fact that some of the foremost statesmen, writers, soldiers and men of big affairs, sound in mind and body, are devotees of My Lady Nicotine, is to awaken doubt of the truth of any of the statements in such a propaganda. Very eminent authorities agree that at worst the effects of tobacco are purely functional and temporary, not organic nor permanent. To men overwrought by business cares, to the soldier whose nerves are frazzled with the horrors and fatigues of war, to the writer and statesman under mental strain, tobacco may afford a respite which in the last analysis may be wholly salutary. It would, indeed, be a drab world were every luxury not essential condemned and prohibited. This might well include the consumption of the always more or less indigestible pie, the use of coffee, and the sacrifice of many pleasures not directly essen-

tial, but which makes living more endurable and worth while.

By all means check, if possible, the use of tobacco by the youth of the land in the formative stage. But crusades against the personal habit of the adult when not presenting any menace to the well-being of the public generally, is fraught with many difficulties, even dangers, and the crusade against the widespread use of tobacco by adults would appear to be somewhat visionary and futile in view of the many real reforms needed in awaking the general public to an understanding of the necessity of observing sanitary rules, of the proper care of health, of the care of babies and the prevention of disease. Besides, opinions so widely differ on this subject, even in the profession, that there is little prospect of agreement on any basis of argument.

Abstracts.

SOCIAL MEDICINE.

How social problems affect the physician and his practice is discussed by George Dock, St. Louis (*Journal A. M. A.*, January 31, 1920). These problems appeared before the great war, but less attention was paid to them in this country than abroad. Our satisfaction with individualistic theories has much to do with facts that shock the impartial observers, such as the tendency to condone crime, from murder down, or the failure to punish it. Our lack of co-operation is likewise shown in the state medical practice laws and their disagreements and variations in enforcement. The law officer, when accused of inertia or neglect, throws a smoke screen about himself by asking for still more laws. Our weakness in these regards were shown by the effects of the great war on our organization, though in spite of these drawbacks we played an active and honorable part. While there was, to some extent, a moral exaltation that will continue, Dock says we have generally fallen back into the old ruts while some new traits brought out or accentuated show themselves still more threatening. The value of medical service and training is strikingly illustrated, but the men who accomplished the greatest destruction of life got all the glory, while the real benefactors returned to their meager salaries and their poorly supported work. A few rare souls, he says, retain the exaltation they felt at first, but the mass of the citizenry went

back to the old condition or to conditions that are even worse, and we are at present too much engaged in keeping our heads above water to know how serious the danger is. The intellectual camouflages that have appeared have excited little comment, but are instructive. The rate of illiteracy as shown by the draft records had been frequently set forth before by educators, but Dock says no serious effort had been made to mend matters. The melting pot theory has failed, as we find that it does not transmute the emigrant generation. The enlarged classes in our colleges and universities may seem to indicate a desire for learning, but Dock is not sure of it. Large classes have been observed before in times of financial stringency, and since the war a curious lowering of entrance requirements has threatened, he says, university scholarship. We are passing through an era in which many traditions, beliefs and customs are in the discard, and those that survive must be treated by people whose mental faculties have been impaired by the stress under which they have been. He sees a few optimistic features, however, such as in the continuation of the National Research Council, brought on by the stress of war. Physicians are concerned in innumerable social problems caused by the growth of socialistic ideas, etc., and from the experience of other countries we may see pressure on physicians exerted to unionize themselves, but we should remember that we are not merely craftsmen. There is a tendency in such organizations to consider wages and not the work, and the class struggle that is going on. Physicians should serve humanity whenever possible, and sometimes union effort in counter-strikes should be applied. If hospitals cannot get coal or food, no one in the responsible labor unions should have the benefit of them. Class struggles of the most brutal kind are not new. They have occurred in the past, but we can comfort ourselves with the hope and belief that they will come to an end as in the past.

Personals and News Items.

Dr. W. H. Toland of Nashville visited in Little Rock this month.

Dr. and Mrs. E. Meek of Little Rock are spending the winter in Florida.

Dr. George W. Dickens has moved from Shirley to Leslie.

Dr. N. E. Fraser has moved from Pangburn to Conway, and announces his practice limited to eye, ear, nose and throat.

A urethroscope, proetoscope and a good microscope with mechanical stage, total cost, \$340.00. Will sell the three for \$100.00. Write Mrs. C. P. Meriwether, Little Rock.

Dr. J. T. Clegg, State Field Director, Venereal Control for Arkansas, suggests that the chief surgeons for railroads take notice and profit by the excellent work being done by the Cotton Belt railroad in the control of venereal diseases.

No cases of human plague have occurred in New Orleans since December 15. Rat extermination continues vigorously, however; 10,767 rats were killed in November, and 27,404 in December. The Public Health Service is co-operating with local and state health officers.

Extensive surveys are being made by the United States Public Health Service of school and home conditions of children in several sections of Missouri. It is expected to result in medical supervision of schools and the establishment of health centers where deficient children may receive medical attention.

MISCELLANEOUS NOSTRUMS is the name of a pamphlet recently issued by the Propaganda Department of the Journal of the American Medical Association as a part of its work in giving the public the facts regarding the Nostrum Evil and Quackery. Copy can be secured from the American Medical Association for 20 cents. Order one today.

Washington, D. C., February 2, 1920.—The Census Bureau's annual compilation of mortality statistics for the death registration area in continental United States, which will be issued in a short time, shows 1,471,367 deaths as having occurred in 1918, representing a rate of 18.0 per 1,000 population, the highest rate on record in the Census Bureau—due to the influenza epidemic.

All those interested are cordially invited to be present at the annual Congress on Medical Education and Medical Licensure. This Congress is held under the auspices of the Council on Medical Education of the American Medical Association, the Federation of State Medical Boards of the United States, and the Association of American Medical Colleges. It is to be held in the Florentine Room

of the Congress Hotel, Chicago, Monday, Tuesday and Wednesday, March 1-3, 1920.

“There is no condition in which the family physician bears such a large burden of responsibility, at this time, as in the attempt to prevent an epidemic of influenza. Home exposure caused more cases last year than miscellaneous exposure outside the home. You are urged to promptly report all cases of influenza and pneumonia, in order that the Health Department may visit and instruct families how to prevent the spread of contagion. Also, to enable the health officer to make a correct daily report to the State Health Officer as required by the United States Public Health Service.”

J. Ogden Armour believes that: “Only as we shoulder individual responsibilities shall we continue to succeed nationally.” This is the message in the Armour year book for 1920.

“Unless we each recognize the other's problems,” maintains Mr. Armour, “conflict is inevitable. The citizen must comprehend business, for this country's progress is built on business activity, and what injures business injures the nation as a whole.

“Democratic principles, upon which this country is founded, are safe as long as we all respect them, realizing that we are bound by mutual interests and that no one group can permanently secure an unfair bargain at the expense of others.”

Health education brought directly before the people, in the remote rural regions as well as in the larger cities of the nation, will be one of the salient features of the American Red Cross program for the promotion of health and prevention of disease. In line with this, the Red Cross has appropriated \$10,000.00 as a donation to the American Social Hygiene Association to aid that organization in establishing a traveling exhibit which is to demonstrate to the people a constructive method of dealing with the control of social disease as a part of the nation-wide health campaign. It is the belief of the Red Cross that donations of this sort will prove one of the most effective means by which the society can co-operate in public health work.

The first demonstration of the exhibit will be held in North Carolina and will be followed by demonstrations in other states.

THE ANNUAL CONFERENCE ON PUBLIC HEALTH AND LEGISLATION.

The Annual Conference on Public Health and Legislation called by the Council on Health and Public Instruction of the American Medical Association, will be held Thursday, March 4, 1920, in the south parlor of the Auditorium Hotel, Michigan Boulevard and Congress Street, Chicago.

MORNING PROGRAM.

1. Call to order, 9:30 a. m.
2. Chairman's address, Dr. Victor C. Vaughan, chairman, Council on Health and Public Instruction, American Medical Association.
3. Secretary's report, Dr. Frederick R. Green, secretary, Council on Health and Public Instruction, American Medical Association.
4. "Standardization of Public Health Activities," Dr. George E. Vincent, president, Rockefeller Foundation.
5. "Standardization of State Public Health Organizations," Dr. Charles V. Chapin, commissioner of health, Providence, R. I.
6. "Standardization of Municipal Health Organization," Dr. Allen McLaughlin, assistant surgeon-general, United States Public Health Service.
7. General discussion, opened by Dr. C. St. Clair Drake, commissioner of health, Springfield, Ill., and Dr. Emmon Williams, commissioner of health, Richmond, Va.

AFTERNOON PROGRAM, 2:00 P. M.

Symposium on Health Education of the Public.

1. "Health Education in the Public Schools—Thirty Years' Experience in Michigan," Dr. Victor C. Vaughan, Ann Arbor, Mich.
2. "Health Education and Activities in Colleges and Universities," Dr. John Sundwall, director, Students' Health Service, University of Minnesota, Minneapolis, Minn.
3. "Health Education a Function of Municipal Health Departments," Dr. Haven Emerson, New York.
4. "Health Education a Function of State Health Departments," Dr. W. S. Rankin, sec-

retary, State Board of Health, Raleigh, N. C.

5. "Health Education a Function of the Federal Government," Dr. Charles V. Bolduan, director, Division of Public Health Education, U. S. Public Health Service.

6. General discussion, opened by Dr. John M. Dodson, Chicago; Prof. W. B. Owen, superintendent, Chicago Normal College.

REPORT OF THE SUBCOMMITTEE ON MEDICAL RESEARCH OF THE NATIONAL MALARIA COMMITTEE, NOVEMBER, 1919.

The Subcommittee on Medical Research of the National Malaria Committee presents the following as a standard method of treatment of malaria for the purpose of curing the patient of his infection, and recommends its general use by the medical profession. We believe that this treatment will, in the great majority of cases, prevent relapses in the patients themselves and also prevent transmission of infection to others.

Our opinion is based largely upon the results of the treatment by this method, under average conditions, in their homes, of a large number of persons infected with malaria.

For the acute attack, ten grains quinin sulphate by mouth three times a day for a period of at least three or four days, to be followed by ten grains every night before retiring, for a period of eight weeks. For infected persons not having acute symptoms at the time, only the eight weeks treatment is required.

The proportionate doses for children are: Under one year, $\frac{1}{2}$ grain; one year, 1 grain; two years, 2 grains; three and four years, 3 grains; five, six and seven years, 4 grains; eight, nine and ten years, 6 grains; eleven, twelve, thirteen and fourteen years, 8 grains; fifteen years, or older, 10 grains.

It is not claimed that this is a perfect or even the best treatment in all cases, but it is our belief that it is a good and satisfactory method for practical use to prevent relapse and transmission to other people.

(Signed) C. C. BASS, *Chairman*;
WM. KRAUSS, *Member*;
WM. H. DEADERICK, *Member*;
GEO. DOCK, *Member*;
CHARLES F. CRAIG, *Member*.

INFLUENZA PREDICTION FULFILLED.

In the November 8 issue of the London Lancet appeared a prediction by Dr. John Brownlee, D. Sc., based on a careful study of past influenza epidemics, that a recurrence of the 1918 influenza epidemic would occur in January or February, 1920.

Dr. Brownlee found that influenza epidemics recurred at intervals of thirty-three weeks, providing the thirty-third week did not fall between June and December, in which case the recurrence would be expected at the end of sixty-six weeks or ninety-nine weeks, and therefore he regards the fall epidemic of 1918 as an exception to the rule. In the United States we are now having a recurrence after sixty-six weeks.

It is now exactly sixty-six weeks since the mortality peak of the 1918 epidemic in Chicago. The same is true for New York City and Washington. In all three of these places influenza is now epidemic.

The periodicity suggests that we may be dealing with infecting organisms which not only have the power to reproduce themselves in a virulent form continuously for a long period if susceptible persons are exposed, but which also have the power of developing in cycles of thirty-three or sixty-six weeks.

The recurrence might be explained on the hypothesis that immunity has lasted sixty-six weeks, though this hypothesis does not explain the fact already noticed in some families that those attacked in 1918 are now immune, while those not attacked in 1918 are now contracting the disease. The more reasonable explanation seems to be that the present epidemic is due to a definite cyclical regrowth of the infecting organisms from the seed of the former epidemic.

Definite cycles of development are common in the known vegetable and animal world; some plants flower annually, some biennially; the malarial organism may complete its cycle in two or more days; the locust requires in some cases seventeen years.

Similarly the organism responsible for our recent pandemic may complete its cycle in thirty-three weeks or perhaps sixty-six weeks. This recurrence of the epidemic after sixty-six weeks certainly strengthens the view that the epidemics of 1889, 1890, 1918 and 1920 all have a common etiology.

New and Nonofficial Remedies.

VERONAL-SODIUM.—A brand of barbital sodium complying with the N. N. R. standards. For a discussion of the actions and uses of barbital sodium, see New and Nonofficial Remedies, 1919, p. 83. The Winthrop Chemical Company, Inc., New York.

PROCAINE-CALCO.—A brand of procaine complying with the N. N. R. standards. For a discussion of the actions and uses of procaine, see New and Nonofficial Remedies, 1919, p. 30. The Calco Chemical Company, Boundbrook, N. J.

TYPHOID-PARATYPHOID BACTERIN (Special Bacterial Vaccine No. 13).—Marketed in 5-cc. vials, each cubic centimeter containing 1,000 million killed *B. typhosus*, 750 million killed *B. paratyphosus* "A" and 750 million killed *B. paratyphosus* "B." For a discussion of typhoid vaccine, see New and Nonofficial Remedies, 1919, p. 292. E. R. Squibb & Sons, New York (Journal A. M. A., January 3, 1920, p. 31).

THROMBOPLASTIN HYPODERMIC — SQUIBB.—A sterilized extract of cattle brain in physiological solution of sodium chlorid. It complies with the description of thromboplastin-Squibb, but a longer time is required for the clotting of blood plasma. It is intended for hypodermic and intramuscular injection to increase the coagulability of the blood. E. R. Squibb & Sons, New York (Journal A. M. A., January 10, 1920, p. 105).

CHINOSOL. — OXYQUINOLIN SULPHATE.—Chinosol is a powerful, nontoxic antiseptic, somewhat stronger than mercuric chlorid and considerably stronger than phenol. It is a feeble germicide, being weaker than phenol and much weaker than mercuric chlorid. Chinosol is alleged to have marked analgesic power and to be an efficient deodorant. Chinosol is also marketed in the form of chinosol tablets 0.25 gm. Parmelee Pharmaceutical Company, New York.

DUBOIS' IODOLEINE.—Iodized poppyseed oil. An iodine addition product of poppyseed oil. Dubois' Iodoleine may be used whenever iodids are indicated, its effects being more gradually exerted. It is supplied as Dubois' iodoleine capsules 0.25 cc., equivalent to 0.1 gm.

iodin; Dubois' iodoleine injectable, containing 30 per cent iodine; and Dubois' iodoleine injectable ampules, equivalent to 0.3 gm. iodine. David B. Levy, New York (Journal A. M. A., January 10, 1920, p. 104).

THYROXIN.—4, 5, 6-trihydro, 4, 5, 6-triiodo-*alpha*-oxy-*beta*-indole propionic acid. An active principle obtained from the thyroid gland. Thyroxin is used essentially for the same purpose as Dried Thyroids, U. S. P. It is indicated in some cases of diminishing or absent thyroid functioning, such as simple goiter, cretinism or myxedema. Thyroxin is supplied *only* in the form of tablets for oral administration, containing respectively 0.2, 0.4, 0.8 and 2 mg. of thyroxin. E. R. Squibb & Sons, New York.

ICHTHYOL.—An aqueous solution, the important medicinal constituents of which are ammonium compounds containing sulphur in the form of sulphonates, sulphones and sulphides. These products result from the sulphonation of the tar-like distillate obtained from the bituminous shales found near Seefeld in the Tyrol. Ichthyol is weakly antiseptic and mildly irritant. It is used locally on the supposition that it will secure the absorption of swellings and effusions in contusions, burns, etc., and especially in gynecologic practice and in various skin diseases. Ichthyol has been tried internally in a great variety of conditions, but its therapeutic value in many of its suggested applications has not been fully established. Merck & Co., New York (Journal A. M. A., January 3, 1920, p. 30).

MERCUROCHROME-220.—A preliminary report of the Council on Pharmacy and Chemistry discusses the experimental status of this new germicide for use in the genito-urinary tract. While the lack of confirmatory evidence of its value does not permit more than a tentative acceptance, the available data may be sufficient to warrant its use by physicians, provided its experimental therapeutic status is recognized. Mercurochrome-220 (marketed by Hynson, Westcott & Dunning, Baltimore) is stated to be dibromo-oxymercury fluorescein. It is a red powder, insoluble in water, but soluble in alkalis. According to Young, White and Swartz, Mercurochrome-220 is a strong and rapidly acting germicide which penetrates the tissues readily and is

tolerated in 1 per cent solutions by the bladder, renal pelvis and urethra. Only temporary discomfort is caused when a 2.5 per cent solution is applied to the anterior urethra. Its toxicity is high, but no systemic effects have been observed following its local application (Journal A. M. A., January 3, 1920, p. 31).

Propaganda for Reform.

SINGLETON'S EYE OINTMENT.—This is a British nostrum. The chemists of the British Medical Association in 1909 reported it to be principally a mixture of lard and Japan wax and purified cocoanut oil, with 4 per cent of beeswax and 7.4 per cent of red mercuric oxide (Journal A. M. A., January 17, 1920, p. 193).

VLEMINCKX'S SOLUTION.—This solution, used by Dr. W. A. Pusey for verrucae, is a solution of oxysulphuret of calcium. It is in the National Formulary as Liquor Calcis Sulphuratae and is made by boiling together water, lime and sulphur (Journal A. M. A., January 24, 1920, p. 268).

KLINE'S NERVE RESTORATIVE.—In 1915, the A. M. A. Chemical Laboratory reported, of this alleged epilepsy remedy, that essentially each 100 cc. of the solution contained approximately 8.7 gm. ammonium bromide, 9.2 gm. potassium bromide and 8.0 gm. sodium bromide. Calculated from the bromide determination, each mealtime dose contained the equivalent of 17.2 grains of potassium bromide (Journal A. M. A., January 17, 1920, p. 193).

SKEEN'S STRICTURE CURE.—For some years a concern in Cincinnati which has gone under the name of "D. A. Skeen" and "The D. A. Skeen Company" has advertised a mail order treatment that was "guaranteed" to cure stricture or enlarged prostate. Now the postal authorities have denied the use of the U. S. mails to this concern and its manager, George B. Poole. The product was found to be essentially a solution of ferric chloride in alcohol and water (Journal A. M. A., January 31, 1920, p. 340).

PNEUMO-STREP-SERUM.—In an advertisement of Pneumo-Strep-Serum, the Mulford Company, by going beyond our present knowledge, carries misleading inferences. If the "Pneumo-Strep-Serum" had the virtues with

which the advertisement inferentially endows it, this product would have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Nonofficial Remedies. It has not been so accepted, although many other biologic products of the same manufacturer have been (Journal A. M. A., January 31, 1920, p. 342).

DIAL "CIBA."—This is a hypnotic sold by A. Klipstein & Co., Inc. Chemically, it is closely related to barbitol (veronal). The Council on Pharmacy and Chemistry reports that it has not been accepted for New and Nonofficial Remedies, because unwarranted claims are made for the product. As it might be made eligible for N. N. R. if the misleading therapeutic claims were eliminated, the Council directed that Dial "Ciba" be included with articles "Described But Not Accepted," so that physicians might be informed with regard to its character and properties (Journal A. M. A., January 24, 1920, p. 266).

"ANTIPNEUMOCOCCIC OIL" AND CAMPHOR IN PNEUMONIA.—The Council on Pharmacy and Chemistry reports that "Antipneumococic Oil" (a solution of camphor in oil, sold by Eimer & Amend, New York) is ineligible for New and Nonofficial Remedies, because (1) the recommendations for its use in pneumonia are not warranted by the evidence; (2) the name is not descriptive of the composition, but therapeutically suggestive; and (3) the sale of a solution of camphor in oil under a name nondescriptive of its composition is unscientific and a hindrance to therapeutic progress (Journal A. M. A., January 3, 1920, p. 46).

APOTHESINE.—This is an efficient local anesthetic manufactured by Parke, Davis & Co. It belongs to the procain rather than to the cocaine type; that is, while efficient for injection anesthesia, it is relatively inefficient when applied to mucous membranes. The Council on Pharmacy and Chemistry reports that exception was taken to certain claims of efficiency, safety, etc., and that it sent these objections to Parke, Davis & Co. The firm apparently was unwilling or unable to submit evidence for the claims that had been questioned, nor did it offer to modify the

claims themselves. Apothesine is, therefore, ineligible for inclusion in New and Nonofficial Remedies. It will, however, be listed in the "Described But Not Accepted" department of New and Nonofficial Remedies (Journal A. M. A., January 24, 1920, p. 265).

MORE MISBRANDINGS.—George L. King, Kingfisher, Okla., was prosecuted by the Federal authorities because the therapeutic claims for "King's Kidney Remedy" were false and fraudulent. The United States Drug Manufacturing Company, Philadelphia, was prosecuted by the Federal authorities because a number of its tablets were found not to contain the amount of drug claimed. The John H. Casey Medical Company, Hillyard, Wash., was prosecuted by the Federal authorities because "Casey's Rheumatic Cure—The Great Montana Remedy" was sold under false claims of composition and of therapeutic properties. Joseph McManus, doing business under the name of Philadelphia Capsule Company, Philadelphia, was prosecuted by the Federal authorities because some of the products sold were misbranded, or adulterated, or both (Journal A. M. A., January 10, 1920, p. 121).

NAMES FOR PHENOLPHTHALEIN.—The following is a partial list of names under which phenolphthalein and phenolphthalein preparations and combinations are, or were, advertised: Alophen, Cholelith Pills, Elzernae, Ex Lax, Exurgine, Laxophen, Laxine, Laxireonfect, Laxothalen Tablets, Paraphthalein, Phenalein, Phenolax Wafers, Phenolphthalein Laxative, Probilin, Prunoids, Purgatol, Purgen, Konfect, Purgella, Purglets, Purgo, Purgolade, Purgotin, Purgylum. Phuphen, Thalosen, Veracolate, Zam Zam. What a Babeldom would arise in medical practice if this business policy of manufacturers to present their products by coined names were encouraged by the patronage of physicians. Self-respecting manufacturers owe it to the progress of medical science to do away with such camouflage for revenue only, and the medical profession owes recognition to these manufacturers by prescribing products by their scientific names (Journal A. M. A., January 3, 1920, p. 29).

Obituary.

DR. R. E. BRADSHER.—Dr. R. E. Bradsher of Marmaduke, Greene County, died February 8, 1920, from pneumonia; aged 45. He is survived by his wife, four children, his parents, four brothers, and three sisters.

DR. WALTER DEWOLF JONES.—Dr. Walter DeWolf Jones of Dierks died February 4, 1920; aged 77. He was city health officer of Dierks before his death. Dr. Jones was a graduate of the University of Pennsylvania and of West Point Military Academy. He is survived by his wife.

DR. EDGAR L. LINDSEY.—Dr. Edgar L. Lindsey of Fort Smith died February 8, 1920, from influenza and pneumonia; aged 34. He was a graduate of the Arkansas Medical College at Little Rock, the Medical School of Tulane University, and did post-graduate work in Boston and New York. Dr. Lindsey is survived by his wife, one son, his parents, Dr. and Mrs. J. H. Lindsey of Bentonville, and one sister.

County Societies.

SEARCY COUNTY.

(Reported by Sam G. Daniel, Sec'y.)

The Searcy County Medical Society met in regular session in Marshall, January 31, 1920. The attendance was small, due to sickness, bad roads and other unavoidable conditions.

The usual proceedings of our meetings were carried out and the following officers elected for the ensuing year: Dr. George W. Dickens of Leslie, president; Dr. A. S. Melton of Marshall, vice president; Dr. Sam G. Daniel of Marshall, secretary, and Dr. I. S. Butler of Marshall, delegate to state meeting.

Considerable interest is manifested by our society, our membership being larger than at any other time in its history.

MISSISSIPPI COUNTY.

(Reported by E. E. Craig, Sec'y.)

The Mississippi County Medical Society met December 9 at Osceola, in the office of Dr. C. M. Harwell, with the exact number present to constitute a quorum. This was the meeting for the election of officers and collec-

tion of dues for the new year. Those elected were as follows: Dr. W. J. Sheddan, president; Dr. F. D. Smith, vice president; Dr. E. E. Craig, secretary-treasurer; Dr. T. G. Brewer, delegate; Dr. C. M. Harwell, alternate.

The secretary regrets very much that there were so few members present to offer suggestions and better plans for the welfare of the society. It was decided upon by all members present that we have our meetings quarterly and that every member be required to attend not less than two meetings during the year unless something very urgently prevents. The first meeting of this year will come on Tuesday, February 10, and will be held in Blytheville, Ark.

ARKANSAS COUNTY.

(Reported by Edwin B. Swindler.)

At the first quarterly meeting of the Arkansas County Medical Society, held in Stuttgart on January 19, the following officers were elected for the ensuing year: Dr. W. H. Moorhead, Stuttgart, president; Dr. W. W. Lowe, Gillett, vice president; Dr. M. C. John, Stuttgart, secretary-treasurer; Dr. S. A. Drennen, Stuttgart, delegate to Arkansas State Medical Society; Dr. E. B. Swindler, Stuttgart, alternate.

The following physicians were enrolled as members: Drs. S. A. Drennen and Jasper Neighbors of Stuttgart, and Thomas Dobbins of Humphrey.

It was decided that in addition to the quarterly meetings that will be held during the year in Stuttgart, DeWitt, Humphrey and Gillett, that monthly meetings be held in Stuttgart on the first Tuesday evening of every month; also, that two physicians be appointed at these meetings to provide program for the next meeting.

The Arkansas County Medical Society has an excellent membership, and from present indications many members will be added and reinstated during the present year.

Book Reviews.

CEREBROSPINAL FLUID.—In health and in disease. By Abraham Levinson, B. S., M. D., with a foreword by Ludwig Hektoen, M. D. With 56 illustrations, including five color plates. Published by C. V. Mosby Company, St. Louis, Mo. Price, \$3.00.

In this book Dr. Levinson discusses cerebrospinal fluid in its various phases, and shows the nature of the fluid in its normal state and

points out the deviations in processes of diseases. The book ends with a chapter on "Intraspinal Treatment."

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Dr. H. A. Hare, assisted by Dr. L. F. Appleman. September, 1919. Vol. XXII, No. 83. Published by Lea & Febiger, Philadelphia. Six dollars per annum.

Contents of this volume are as follows: "Diseases of the Thorax and Its Viscera, Including the Heart, Lungs and Blood Vessels," by William Ewart, M. D.; "Dermatology and Syphilis," by William S. Gotthelil, M. D.; "Obstetrics," by Edward P. Davis, M. D., and "Diseases of the Nervous System," by William G. Spiller, M. D.

GERIATRICS.—A treatise on senile conditions, diseases of advanced life, and care of the aged. By Malford W. Thewlis, M. D., Associate Editor, Medical Review of Reviews, New York City. With an introduction by Dr. A. Jacobi and Dr. I. L. Nascher. Published by C. V. Mosby Company, St. Louis, Mo. Price, \$3.00.

The author of this book has followed a plan to make a clinical presentation of cases, and not a text-book presentation of diseases. The subject includes not only the treatment of senile diseases, but also the care of the aged, the causes of ageing, and measures for prolonging life.

THE DON QUIXOTE OF PSYCHIATRY.—By Victor Robinson, Ph. C., M. D. Published by Historico-Medical Press, 206 Broadway, New York, 1919.

This well-known writer presents in his usual delightful manner a little chapter in the history of American medicine, containing information not elsewhere available. Among the illustrations we find portraits of S. V. Clevenger, William E. Quine, Robert L. Rea, William H. Byford, James S. Jewell, Hosmer A. Johnson, Nathan Smith Davis, Charles Hamilton Hughes, William Francis Waugh, Joseph Leidy, Edward D. Cope, Joseph LeComte, William Pepper, William A. Hammond, Edward C. Spitzka, Burt G. Wilder.

THE SURGICAL CLINICS OF CHICAGO.—Volume III, No. 5 (October, 1919). Octavo of 258 pages, with 91 illustrations. Published by W. B. Saunders Company, Philadelphia, 1919. Bi-monthly. Price, per year: Paper, \$10.00; cloth, \$14.00.

Among the seventeen interesting clinics in this volume, we wish to refer to one by Dr. Kellogg Speed—Duodenal Ulcer; Problems in Surgical Management. Summary: Three patients illustrating certain of the common com-

plications and sequelæ of the duodenal ulcer; gastroenterostomy in duodenal ulcer; factors influencing the potency and functional value of the stoma; acute perforation; the three clinical stages; indicated surgical procedures; mechanism of vicious cycle following gastroenterostomy; indications for occlusion of the pylorus; technic.

THE SURGICAL CLINICS OF CHICAGO.—Volume III, No. 4 (August, 1919). Octavo of 287 pages, with 116 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia, 1919. Price, per year: Paper, \$10.00; cloth, \$14.00.

Among many clinics reported in this number is an interesting case of "Brain Tumor," by Drs. A. D. Bevan and T. C. Rothstein, Chicago. A summary of the case is as follows: A patient giving a history of headache and epileptiform attacks extending over a period of years; weakness of the left arm and leg discovered on examination; the diagnosis; significance of epileptiform attacks; headache in brain tumor not always constant; localization of lesion in right motor area; technic of exploratory operations on the brain; necessity of co-operation between neurologist and surgeon; prognosis in brain tumor.

MANUAL OF OBSTETRICS.—By Edward P. Davis, A. M., M. D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia. Second edition, revised 12 mo. of 478 pages, 163 illustrations. Published by W. B. Saunders Company, Philadelphia, 1919. Cloth, \$3.00 net.

This book gives a concise account of modern obstetrics, and includes the following new subjects over the former edition: Differential diagnosis of early pregnancy; treatment of eclampsia by sedatives; prolapse of pelvic organs complicating pregnancy; chorioepithelioma; cystic degeneration of the chorion (hydatidiform mole); anesthesia and analgesia in lobar; placental basteremia; inversion of the uterus complicating labor; septic infection at the placental site complicating labor; basiotripsy, and abdominal cesarean section (the Porro operation).

SYMPTOMS OF VISCERAL DISEASE.—A study of the vegetative nervous system in its relation to clinical medicine. By Francis Marion Pottenger, A. M., M. D., LL. D., F. A. C. P.; Medical Director, Pottenger Sanatorium for Diseases of the Lungs and Throat, Monrovia, Cal. Published by C. V. Mosby Company, St. Louis, Mo. The price of this book is \$4.00. It has 86 text illustrations and nine colored plates.

In writing this book, it has been the author's aim to show the relationship between physiologic facts and clinical observation, and

it is given forth with the hope that it may stimulate greater interest in clinical observation and interpretation.

It is arranged in three parts. Part I—"The Relation Between the Vegetative Nervous System and the Symptoms of Visceral Disease." Part II—"Innervation of Important Viscera, With a Clinical Study of the More Common Viscerogenic Reflexes." Part III—"The Vegetative Nervous System."

THE BLIND.—Their condition and the work being done for them in the United States. By Harry West, Ph. D. Published by the MacMillan Company, New York, 1919. Price, \$4.00.

This work is divided into seven parts. In Part I the author seeks to obtain a general view of the blind. In Part II he considers the possibilities of the prevention of blindness—the object of foremost concern in the discussion of the problems presented by the blind. In Part III he considers the provisions which have been made for the education of blind children, these being, as we have observed,

the initial form of public treatment which the blind have received and the one of the greatest extent. In Part IV, consideration is given the adult blind, or that which is not confined exclusively to schools. Part V—the material provisions which have been made for the blind. Part VI directs our attention to the organizations which have been established to promote the general welfare of the blind. Part VII—conclusions with respect to the work for the blind as a whole in the United States.

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Original Articles.

THE VARIOUS METHODS OF TREATING FRACTURES.*

By Chas. E. Benefield, M. D.,
Conway.

This subject possesses, perhaps, as much general interest as any that could be presented before this medical society, inasmuch as this phase of surgery and its results deeply concern not only the surgeon, but the medical man as well. The resultant deformities from inferior work, bad union, septic infection, poor physical function, and other bad results too numerous to mention, have caused, and are still causing, the physicians and surgeons more unrest and anxiety than perhaps all other phases of surgery.

It is said that this has not only caused the medical men much mental distress, but has forced them into the courts of the country to answer many complaints of malpractice.

If this be true, I shall hope that I may touch upon some salient points in my paper as will stir a discussion which may result, at least, in some good to someone.

I have heard paper after paper read and discussed in this society on this line of surgery, and all of them have suggested practical and mechanical ideas that served me well and often helped me out of peculiar dilemmas in this sort of work. Men who have had the convenience of hospitals, dentists, x-rays, and the ready response of his fellow-practitioner and surgeon, do not know just what I mean when I refer to the crucial hours of sleepless nights spent by the men in the "sticks," who have not these conveniences at their command; but I do.

There seems to be less uniformity of method in dealing with fractures than any other surgical procedure, which is more responsible than most anything else, perhaps, for the easy complaint and inroads for damage suits. I say this with no apology or criticism whatever, as I would not consider very much the ability of the physician or surgeon who is not practical, and has not sufficient ingenuity at his command to meet any conditions and complications in this line of surgery with such sensible appliances as may be indicated, and without the authority of any recognized text-book upon the subject.

Many complications and deformities follow the use of our various pet remedies and devices in dealing with fractures and their complications (and I will say unavoidably so, in many instances), as well as those that might have been avoided with proper treatment.

I have seen some very grievous results follow the work of some of our best men in the bone-setting business from some unavoidable complications. In all our experience in Collee's and Potts' fractures, and also that of the sub-maxillary clavicle and patella, we find more or less deformities that follow sometimes, no matter what we do.

The various common-sense as well as scientific dealing, come more fully into effect in treating these classes of fractures than perhaps any other. That of the submaxillary has caught me helpless oftener than all else; especially if it be (as so often is) the ramus just behind the molar teeth, there being no teeth on one side of the fracture point to which a splint could be attached.

Any fracture along the molar or body region of the lower jaw often puts us in a "sweat box" to find any of our specially invented splints that will serve us well. This is so often an oblique fracture from before backward and downward, and the action of

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

the masseter muscle in such fractures is fierce, as you all well do know. So, the physician or surgeon who has not sufficient ingenuity to fall away from all text-books and substitute or improvise for the real thing, will not count for much out in the "sticks" away from hospital, dentist, and other conveniences.

The absence of any real uniformity of methods in this line of surgery has in some instances been, no doubt, a means of developing what is known by the laity as "natural bone setters" in the person of some physicians, and others shun or are almost barred against such work because of poor adaptability and judgment.

The fact that so many have to undergo the humiliation of having to appear before the tribunals of the country to answer complaints for deformities and other bad results in this line of work, has, no doubt, been a real benefit and blessing to the human family, however painful the way of learning the lesson.

The railroad surgeon is, perhaps, more responsible for thoroughness in this line of work than anyone else, as he is almost constantly a target, kept on the firing line and record as to proper dealing with the various forms of fractures and their complications. His position necessarily forces him up to the standard and minute as to latest methods of treating fractures, as well as other classes of surgery, and in this way he often acquires an enviable reputation, indeed, one to whom most of these cases go, or are sent for treatment, because of his experience in bone work, etc.

From a legal standpoint, the strict letter of the law only requires that the physician or surgeon give ordinary care, and exercise reasonable diligence in the care and treatment of any given case. While this is true, yet he finds in his court experience, after having been "pulled over the coals," that merely "ordinary care" is not sufficient, but that in the eyes of opposing counsel, expert services are required and expected, and good results only are acceptable or the jury will surely find for plaintiff.

Now, with reference to some of the various methods of treating fractures, I shall only mention some of them, and more especially those which are somewhat in question as practiced by some of our modern surgeons today.

To begin with, I will say there has been paper after paper read and discussed in this

society, pro and con, as to the open method of treating fractures in general. All who have done extensive work in this line have used the open method to a more or less extent for quite a number of years; and our various experiences are as variable in results as our methods in general are; and I might say almost as unsatisfactory as used by some impractical men. I would not disparage the open method plate and bone work in properly selected cases, and in the hands of the conservative physician or surgeon; far be it from me; but these, like other good things, have their place of indication and also their contraindications.

The *x-ray* men play their part in the treatment of fractures, and likewise their mistakes have been observed in many instances, notwithstanding their almost indispensably important place in bone repair work as in general surgery. *X-ray* has been used in this connection for quite a number of years, and all sorts of surgical procedures followed its exposure, with most grievous mistakes to follow, because of more than one reason. It is often because of poor plates, unduly slanting positions, or perhaps twisting of shaft of the bones, small prominences which are normal often; slight changes of contour of the bone where arteries supply the parts may look on a Roentgen plate to be a deformity where it is not, and extravagant surgery follows.

So, in dealing with fractures in this way, one should always be on his guard to not do anything unnecessary in this line because of abnormalities as shown by the Roentgen ray, especially if in the hand of an unskilled *x-ray* man.

Now, I am quite sure this will bring down on my head the maledictions of my *x-ray* brother. To forestall some of this, I will say the light of the *x-ray* in the hands of the competent or skilled man, is almost as vital and indispensable in surgery as surgery itself. So this leaves the *unskilled x-ray* man to go after me.

In my review and study of some of the history of various methods of reduction, fixation and treatment of fractures, interosseous pad splints and various splint devices, crutches, etc., of external application, certain hooks for holding coaptation and wire splints, and Hamilton's bandage for holding fragments of patella in apposition, all have their

important place as does the open method by plates, wire and bone transplants.

Men who use all these appliances in a practical way are found to be unknowingly inventing surgery almost daily; but I think more highly of the open method in the treatment of fractures of certain bones where there are nonunions, and in oblique fractures where muscle contraction will not permit of any other means of adjustment than these splints; but I do not think simple fractures easy of adjustment should ever be thus treated.

A few years before the war, in Sick & Kimmull's Clinic (Hamburg), I am told, was demonstrated to that medical body's satisfaction the annealed silver plating for bone work, which plate was invented by a young Swedish surgeon, who was at that time working as first assistant to the sick. It was he who invented the first ivory plate used with silver screws in bone work. The annealed silver plate has been used in this country something like twenty-nine or thirty years after the method as employed at Johns Hopkins Hospital, which was after the Hamburg method.

How and why one man could create attraction in surgery and sweep the surgical world, I might say, off its feet, and put them to treating simple fractures easy of adjustment by the open method, and thereby converting the simplest fractures into compound and complicated ones, came about in a somewhat peculiarly spectacular way. My reference is to Sir Arbuthnot Lane, who has caused the eyes of the world to be on him because of a number of his surgical stunts as a progressive surgeon. He and his surgical discoveries and inventions have been connected with quite a number of the largest hospitals of London since he was quite a young surgeon. Sometimes by the death of their senior, we have surgeons who become chiefs in hospitals who are old men and have ceased to be assistant, and by this have lost their initiative; but Dr. Lane still has his. He is so very aggressive and successful in the use of all his appliances that he is able to keep the world aflame with enthusiasm, and himself famous. He has such unbounded confidence in his ability to successfully do with his appliances when in his hands or if applied after his technic, that he does not so much as consider a failure. One of his surgical exploits which caused some comment was that of thrombosis of the lateral sinus following mastoid operations when he

opened the jugular vein, ligated distal end of vein, pulled the upper end out, opened the sinus and washed out the clot.

This, of course, like other new things, has often been done since, but Lane was first to successfully do it. Some of his orthopedic work and discoveries have been of much interest in some respects, the most important of which, perhaps, was his cleft palate and hair-lip repair on infants without an anesthetic if done anywhere within the fourth or fifth day after birth. His claims are that the earlier the work is done after birth, the better the results, owing to the fact that the nervous system develops so late that these two operations can be made without anesthetic, and the operation is absolutely painless if done within these limits, etc. He states that if this course is pursued there would be no more need of an anesthetic in such operation than was in the case of the forceps on the babe's head, the doctor and sometimes the nurse pulling with all physical might in an effort to drag it into this world. Well, of course, I do not know as to this claim of his in this regard, or how he can satisfy himself that there is no pain in such operation.

We all know that not only the nervous system of newborn babes are poorly developed, but the entire vascular system as well. The English physicians and surgeons have persistently opposed his claims and they have been followed by vigorous and hot discussions, yet Lane has always proved himself able to stand by and defend by actual surgical demonstration the efficacy of his appliance and remedy.

In regard to the use of his splints, etc., he states he has gone over four or five thousand case histories of policemen who had sustained fractures, and that he found only a small percentage of these able to resume their duties on the force because of poor results. This state of affairs he asserts should not be, and better results in bone repair should be obtained before his ideal in such work was attained. So the idea of the open method of treating all sorts of fractures engaged his inventive mind.

Simple fractures which were easy of adjustment and should have been allowed to remain as such, all alike were thus converted into compound ones. All these were followed by strong discussions in English circles, and finally his open method invaded the mind of

American surgeons, and, of course, we have always believed in, and have been found in the forefront shortly after the other fellow was there; we, too, went the whole gait, etc. We have not been really successful in the use of this, as we have not been able to adopt his delicate technic in applying his internal splints and get the same uniform results as he.

I have not been able to look up any surgeon who has quite as complete a chain of asepsis as Lane. His technic is such as that he will not so much as touch the plates or any part of the instruments that come in contact with the wound, not so much as the gloved hand. Said he had been in America and observed our technic in this line of work, and said "For the life of him he could not see how we could get any good results in this line of bone work with plates." Why we did not have to take out more of our plates than we do, to him was a mystery, as handling the plates and antiseptics means oxidation of metals, and this in turn irritation, inflammation, and often supuration, which always means bad bone repair as final result.

I have observed with much interest quite a good deal of bone work in the different polyclinical schools I have attended regarding Lane's ideal. I had the pleasure of seeing the Mayo brothers demonstrate his plate work in every detail some two years ago, and I must say it is a delicate piece of technic; so much so that I question seriously the wisdom of its use in the hands of the average man. I not only think Lane's splint has been used in this country with little discretion and conservatism, but generally in all countries in which it has been used. This, like most all other good things in general, has been very much abused. All simple, uncomplicated fractures should, to my mind, be allowed to remain simple, and treated as such, and altogether better results obtainable than if converted into an open wound or compound fracture, and even then I think the internal bone splint preferable in such work.

So, inasmuch as it is all but impossible for the average man to handle these plates and not allow them to come in contact with anything that could produce an oxide, and apply them after Lane's technic and obtain the same uniform results he is able to obtain after his enormous experience and splendid judgment, we can do no better than stay close to the shore and by our old, conservative meth-

ods of treating fractures, applying plates in specially selected cases where the line of fractures is oblique and the contraction of muscles and other anatomical complication will not permit of holding the fragments in position otherwise. In such cases the sensible thing to do is use plates, wire or bone, as the case may demand.

The autogeneous bone transplant, or splint, is to be preferred rather than the metal plates in most instances; but this, too, as other good things, has been in the hands of abuse of its good qualities and place of indication. This is a piece of bone set in as a plug, opening the marrow or medullary canal, and in this way serves as an internal support or splint.

In most all our experiences in fractures we have a few times had patients come to us with fractures attended with an enormous amount of effusion and swelling in the limb or at point of fracture. In the effort to reduce this by converting it into an open wound or compound fracture, more traumatism and consequent inflammation is produced, which often costs the loss of limb, and sometimes the life. I am of the opinion that in some such cases the old-fashioned "fracture box" or old double inclined plane box with two sideboards and a pillow used for the first six or eight days will permit of reduction of swelling, etc., with safer and better results in general. This is not really bad practice in some cases, and if the open incision becomes necessary, as it often does, even eight or ten days later, we find that when the bones are reduced to their position, it is all right and ready to unite. Often in these cases we do not need plates or any other special means of support more than to reduce fracture, and any simple external splint is sufficient. I am of the opinion that sometimes where the plates and bone splints are used and really indicated, the open incision method is too quickly decided, and to put on plates; whereas, in a few more days the effusion and swelling would have subsided and the operation much more safely carried out. All these good things are so much abused and so often, we need to take a step backward, as some would say, for the real betterment of our patients.

Some five or six years ago some of our best men became so enthusiastic in the use of the plates that they used them in most all fractures of whatever type, but I'm glad to know most of our profession are opening their eyes

to the inconsistency of such practice and really fewer plates and wires are being used in simple fractures as the years come and go.

I have seen a few cases of submaxillary fractures where the plates were used with all sorts of complications to follow—necrosis of jaw bone, suppuration of soft tissues, and a massive, unsightly scar as final result, and a damage suit talked of, if not materialized. So the pendulum of our surgical progress sometimes swings too far up as well as too far back. The best men we have are those who cannot only be scientific, using any and all modern appliances where indicated in bone work, but can and do become practical and exercise some native ability in dealing with fractures in general; in fact, the ideal man in this line must be somewhat of a carpenter and mechanic.

In our dealing with nonunion of bones, especially those of old age, we find the metal, bone and wire our anchor. In some cases of compound fractures it is often best to merely attempt to reduce it, and convert to as simple a fracture as possible, and stimulate a proliferation of granulation cells before any special work is undertaken in an operative way; especially where there is extensive contusion and devitalization of tissue it is not only safe, but often best to wait some eight or ten days.

With reference to fractures of the femur, all are more or less familiar with the successful Ruth Maxwell and the famous Whitman method in reducing and holding fractures of the hip, also the Cotton bloodless method used in ununited fractures of patients from the age of forty to sixty-five years old. He does this by reducing the fractures to position; then he takes a fifteen-pound mallet (well padded, of course) and gives a few heavy blows on the trochanter, thus forcing out the soft tissues, and breaking out the new bone granulation tissues at fracture point of neck, holding in position by plaster paris casing.

With reference to bone repair by osteoblasts or bone proper, where the periosteum is smooth and uninflamed, the periosteal transplant does not have the osteoblasts on it, but if it is opened to the bone, wait a few days and then make the periosteal transplant. The osteoblasts are in this way made ready for work from the periosteal membrane. In fact, you may do almost anything to stimulate the osteoblasts' activity and they will come to the periosteum as it has the blood supply, etc.

We ordinarily regard the periosteum as a limiting membrane in bone formation, but it plays an important part in absorbing and taking up the outer part of all bone-growing cells on the periosteum.

In fractures near a joint we find that the periosteum will peel up and leave somewhat of a cavity, or space, where a blood clot becomes organized. The osteoblasts appear on the surface of the periosteum, thereby organizing a callous, which, in turn, results in the formation of new bone on the limiting motion.

Most surgeons in dealing with fractures of elbow joint (or any other joint, for that matter), where a small, loose fragment of bone is in it, open and remove it as we would a small detached cartilage from knee or elbow in order to get rid of the detached bones, which may, if left in, bring about an ankylosis or limited motion, either loose or attached, if it can be successfully done.

In dealing with fractures, there is seen sometimes a condition known as Volkmann's paralysis; however, not as often seen, I am glad to say, as in other years, since we have learned to more fully realize the importance of guarding against too much pressure with whatever appliance we may adopt to immobilize a fracture.

Myositis sufficient to destroy muscle function for a certain length of time will just as surely leave a permanent lesion and impaired function of the arm or whatever member of the body is thus affected, as brain function is impaired from loss of its circulation. This mistake has happened often; indeed, too often do we find this because of almost criminal carelessness in applying splints, bandages, etc., before unforeseen swelling has taken place. I have seen a few cases where the bandages and splints were so tightly applied that they almost served as a tourniquet to the circulation of the parts.

One night's undue pressure on inflamed muscles will very seriously impair the function of such parts, and eighteen or twenty hours is sufficient time to completely destroy the muscle. Tragedies have come to good men in this line of work, and this one reason is why we rarely ever apply a plaster of paris dressing primarily, unless it is divided to allow for swelling, etc. If the pressure is not sufficient to destroy the muscles, it often results in adhesion of the muscle tendons which impairs muscle function and grievous de-

formities follow, neighborhood gossip, etc., which almost serves as a quarantine against that physician's bone work forever thereafter.

Now, with a brief reference to fractures and injuries of the skull. I am of the opinion this has been more seriously overlooked and neglected, by not only the doctor but the patient himself, than all other fractures.

To begin with, I will say most all, or perhaps all, injuries of the head which give local symptoms with any unconsciousness with or without fractures, should at least have an exploratory operation, and that while the symptoms can be associated with the injury. Unfortunately, many of these cases are allowed to drift along for a few days and the symptoms subside somewhat and the patient improves mentally, talks to the family, and so on, for another few days, and finally becomes hopeless for a cure in the hands of any surgeon, yet the patient will live. So often, cases are allowed to go along with blood clots so large that they cannot be absorbed, and slight fracture and depressed skull plate, finally lapse into a most pitiable condition of epilepsy, paralysis, and suffer on to a miserable death. If operated late, these patients will in all probability have with them still all the remote symptoms and brain conditions they would have had if not operated on at all; so the operation that counts is now too late. Football and basketball players are most notorious for such injuries, and but few are ever operated on, but are allowed to drift along, at first somewhat dazed, then unconscious to a later operation, when the hyperemia and effusion of blood becomes sufficient to compress the brain matter and leave a scar and permanent injury which will go with them through the coming years. Six or eight minutes' loss of local circulation of brain is all it will stand for.

It has been demonstrated that if the local circulation be stopped for this period of time in the lower animal (the dog, for instance), he can be kept alive all right, perhaps, but will have sustained a damage and degeneration of brain cells to such an extent that future results will be bad. So this and ligating the carotids in arteriosclerosis of old age will bring degeneration of cells and softening, which may not come on at once, but will surely come later or just the same.

Now a brief reference to Carroll-Dakin's tube and solution. All compound fractures

infected or received in such a way as is likely to become infected should have Dakin's tube and solution. The tube should be placed in the opening down to a point of fracture and gauze stuffed around the tube as tightly as it will bear not to interfere with tissue nutrition, and the solution injected through tube. When this solution comes in contact with the body heat, free chlorine gas is liberated in the tissues which means death to all bacteria and makes putrefaction and gangrene almost impossible.

This has been, perhaps, the greatest single life-saving agent, save the surgeon's knife, of all military medical service in our recent war. All compound fractures received in barnyards where horses, cattle, etc., have been kept, should be thus treated, and in view of the government's interesting reports of such a percentage of tetanus following up such fractures in cavalry service, would it not be wise to use the anti-tetanic serum in all such cases?

A CASE OF MENINGITIS.*

By W. N. Freemyer, M. D.,
Little Rock.

Captain D., Dental Corps, U. S. A. Thirty-five years old. A strong, healthy man. Personal and family history of no interest.

Contracted influenza on board ship en route overseas for duty with the A. E. F. He developed bronchopneumonia of lobar distribution. Was sick on the ship for eight days and was admitted to the Base Hospital in Liverpool, Friday afternoon, with a temperature of 102 degrees F. The next day the temperature was 101 degrees F., and was normal the next morning. He was up walking around a while both days in the hospital. This was contrary to our policy with influenza patients; but he was an old college mate of the chief of the medical staff, and, being supposed to realize his position, he was permitted to be out walking for a while.

The afternoon of the third day in the hospital he had a chill and the temperature jumped up to 104 degrees F. At 5:30 p. m. he had what the nurse called a convulsion. She called the ward surgeon, who ordered one-fourth grain of morphin. He got some better; in fact, regained consciousness. At 7:30

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

p. m. the writer, as officer of the day, was called to the ward, and found the patient in convulsions. He was rolling from one side of the bed to the other. Could not utter an audible sound, but was mumbling something all the time. Seemed to be in great agony, and trying to point to his head all the time. Pupils were fixed. Kernig was slightly positive. Muscles of the back of the neck were rigid, but no more so than other muscles of the body. He remained in epileptiform convulsions to the end. No nausea or vomiting.

Different diagnoses were suggested by the surgeons and neurologist. On doing a Lumbar puncture, the fluid squirted out about eight inches. It was cloudy and showed great numbers of type "one" pneumococci.

At 10:30 we gave him 50 cc. type "one" anti-pneumococcal serum intraspinaly, and at 11:30 25 cc. of the same intravenously. The serum was made by the Rockefeller Institute, in New York.

The treatment was of no avail and the patient died at 1:15 a. m., eight hours after the first symptom of meningitis, and without regaining consciousness, except once for probably a half or three-quarters of an hour.

Autopsy showed the brain was covered with a fibrinous exudate with hemorrhagic areas on the under surface. The membrane extended down the cord to the seventh cervical vertebra. The spinal fluid was very cloudy and contained 86 cells per cubic millimeter, and was loaded with pneumococci.

Lungs.—There was an old area of consolidation in the right lower lobe, about the size of a teacup. On section it showed mixed red and white hepatization. Similar smaller patches of consolidation were found in the right middle and left upper lobes.

In the left lower lobe there had been a hemorrhage into the lung tissue. There was an area of clotted blood. Just below this clot there was an area of consolidation which was bright red on section. The balance of the lung tissue was very edematous. The bronchioles contained a large amount of fibrin. The trachea and large bronchi were congested and contained considerable pus.

Heart, liver, kidneys and spleen showed practically no change.

DISCUSSION.

Dr. A. L. Carmichael (Little Rock): Perhaps some of the members have heard that for some time I have taken a great deal of interest in meningitis, beginning about October, 1909. During that period of time I

have punctured the spinal canal of every case that I have come in contact with that has shown the slightest symptoms of meningeal irritation. That number to-day amounts to 188. It is true that quite a number of those cases should be diagnosed as nothing else than meningismus, a term that recently has come into use.

I will say right here that I resorted to animal inoculation in every case, from the simple fact that many of those cases would get by without a positive diagnosis if such means had not been resorted to; because there are many times that you get your spinal fluid, and even on a centrifugal specimen you are not able to find any micro-organisms, and often it is difficult to grow them, and the animal inoculation has been resorted to in every case for that particular reason. Now, out of these 188 cases that I have seen, covering that period of time, a big majority of them have been meningococcal infection, and, strange as it may seem, I didn't see or wasn't able to puncture a case of pneumococcal meningitis until the sixth day of this past January; but every case that I had seen had been tubercular meningitis or meningococcal meningitis or meningismus. But, since that time, I have punctured six proven cases of pneumococcal meningitis. One of them evidently came from a frontal sinus abscess, where the x-ray showed trouble in the left frontal sinus. This was in a boy of twelve. The other case was a boy of seven, with a double suppurative otitis media. Evidently the infection came from that.

The next case was a boy of fourteen, with pneumonia following influenza, with no other pathology except a consolidated left lung. The next case was not quite three years old, a child run over by a street car and the base of the nose fractured. It developed meningitis in about four days following this injury. Now, those were all proven cases; not only finding the pneumococci in the centrifugal exudate, but the exudate without it being centrifuged.

I have seen one case of streptococcal infection. I never did get a growth of streptococci. I found them in the smear, but they just refused to grow on any media.

Kays has put out an anti-pneumococcal serum. Litchfield just recently at Camp Grant has treated fourteen cases of proven pneumococcal meningitis following influenza, with seven recoveries; 50 per cent mortality. That looks extremely good. Inasmuch as we are promised an early diagnosis, not only giving the serum intraspinaly, but intravenously, because we absolutely know that early in the infection it is of that nature, and the same can be said of the meningococcal infection. But in the first seventy-two hours of the onset, you can get the meningococcus from the blood serum, and also the pneumococcus and the streptococcus. So, with this serum that is being put out by Kays now, or under Kays' supervision, to say the least of it, and with the report from a man like Litchfield of seven recoveries out of fourteen, I say, it sounds very good.

I believe, however, we will get results even without the Kays serum, by just using the commercial anti-pneumococcal Vallons serum, that serum being treated with sodium cacodylate, about a 2 per cent solution, and a saturated solution of boracic acid. The sodium cacodylate is a clear, soapy application, of course, as you know, and produces lysis of the cells. It seems to favor materially the beneficial effect of the anti-pneumococcal serum.

As I say, I have been very much interested in the subject for some time, and am extremely anxious to puncture every canal that shows the slightest meningeal irritation.

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WILLIAM R. BATHURST, SECRETARY-EDITOR
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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

STILL GIBING AT ARKANSAS.

The day has gone by when Arkansas, as a state, was a fitting subject for the jibes of the humorist. Arkansas has had a wonderful development and is continuing to develop, agriculturally, commercially, financially, and otherwise. In some respects, however, Arkansas remains behind other states, and most

markedly so in public health appropriations and in beneficent laws generally affecting the practice of medicine, directly or indirectly. The Journal of the American Medical Association, the national society in which all our medical societies of the various states are allied, has an editorial in the issue of February 14, 1920, headed, "What Is the Matter with Arkansas?" The article goes on to charge that Arkansas still elects to be the dumping ground for quacks, charlatans and half-baked medical practitioners coming from a school not recognized in other states. And this charge cannot be wholly denied. It is the result of our system of having six different examining boards, representing as many different schools of medicine, instead of one board of competent physicians. One of the results may be specified. The Eclectic Board accepts graduates of the Kansas City College of Medicine and Surgery. In its own State of Missouri this alleged college has no standing whatever. It is not recognized by the profession in Missouri. But so long as its graduates find one of its diplomas an open sesame to practice in the neighboring State of Arkansas, so long will this institution continue to flourish, in spite of having no standing in its own state. Arkansas under its present cumbersome law has a board of regular physicians and five other boards—homeopathic, eclectic, osteopathic, optometric and chiropractic—although when occasion arises, as it did in legal procedure in Hot Springs, the chiropractors stoutly claim that theirs is not a medical profession at all.

The fault for these conditions does not lie with the medical profession, but with the Legislature. The Committee on Medical Legislation of the Arkansas Medical Society has made a most strenuous effort to remedy this and other evils. At the last regular session the committee tried hard to secure the adoption of the Georgia one-board system, said to be ideal in its effectiveness. The committee failed, but in its report recommends that the next committee try again to have this model law adopted by the next session of the Legislature in 1921.

It is some years since the Arkansas Medical Society, through its legislative committee, has been able to get any measure through the Legislature. This has not been due to lack of intelligent effort, but to seeming prejudice or lack of comprehension of the necessity of such

measures by the Legislature. For many years our State Board of Health was handicapped by small appropriations or none at all, so that it was largely a Board of Health in name only, with no money to make its efforts effective. But the time has come for determined and effective work in order to obtain legislation that will put Arkansas abreast of other states in health preservation and disease prevention. The work must not be left wholly to the committee; the committee to get busy when the Legislature meets. The members of both houses have other fish to fry. Politics is more important than such issues as the public health, in the estimation of too many solons. The way to get at them is by every member of the Arkansas Medical Society getting in touch with members of the Legislature and candidates. We cannot afford to be behind other states in medical and health laws. The members of the Legislature and candidates must be impressed with the need of certain legislation *before* they go to the Capitol, not after they get there.

Our State Society is over one thousand strong and should make its power felt. The Pulaski County Medical Society recently passed a resolution pledging support to the legislative committee and requesting every other county society to help by interviewing candidates and legislators and securing their support to all needed measures. The average legislator knowing nothing of the needs of the profession of medicine, is not in position to act intelligently on many measures unless he is given information in advance and convinced of their merit. Not only can the county societies help, but every individual member of our profession should make it his business to render all the aid possible.

MONKEY BUSINESS.

The newspapers, especially those of the "yellow" variety are getting just the sort of stuff they revel in in the alleged experiments of aged persons with the interstitial glands of the monkey—merely a variation of the experiments of Dr. Brown Sequard with sheep glands some thirty years ago. Shorn of the necessary ambiguity and camouflage to make the stuff printable in daily newspapers, the fact is patent that the experiments have for their purpose the sexual rejuvenation of old

men. We hear nothing of experiments on superannuated women. It is always the male of the species who rejoices in the restoration of "pep," the delicate word used by the press. The reader being allowed the privilege of defining its meaning as his fancy dictates.

Aside from the interest professionally which may attach to these experiments in restoring youth to the aged, there is a moral and economical angle to be considered. The survival of the fittest is a law not easily to be set aside. There is even some question whether the effort of modern science in prolonging lives of the weaklings is really in the best interest of the race. Infant mortality by these methods has been reduced, but the mortality tables show an increase in deaths of adults past the age of forty years. It may be said that in preserving the weaklings we merely allow the unfit to propagate the race and produce other weaklings. Your dog fancier will destroy the weak puppies in order that the best specimens have still a better chance to develop from the excess of mother milk. Thus certain breeds are kept at the highest physical standard. It is a wise provision of nature that the old be stopped from procreating, because the parent must provide for the young, and in the nature of things if the life of the provider is nearing its end, the child is likely to suffer. This rule of nature occurs not only to the human animal, but to all others, and attempts to set aside so wholesome a natural law, merely for the evanescent pleasures of the male of the species, cannot be hailed as a beneficial scientific achievement.

The annual session of the State Medical Association of Texas will be held at Houston, April 22, 23 and 24. It has been suggested that those Arkansas physicians who expect to attend the meeting of the A. M. A. at New Orleans start a day or so early and stop off at Houston and see how a real, live medical meeting is conducted. The schooling will do them good. We have the assurance of President Knox and Secretary Holman Taylor that a warm welcome and general good time will be among the many pleasant features of the visit. We trust that a great many of the profession of our State will avail themselves of the opportunity presented.

Personals and News Items.

Dr. J. W. Muse, of Conway, is seriously ill at St. Vincent's Infirmary, Little Rock.

Dr. J. P. Sheppard, of Little Rock, has returned from the East.

Dr. R. Q. Patterson, of Augusta, has moved to Little Rock.

Dr. James I. Scarborough has recovered from his recent illness.

Dr. and Mrs. J. L. Jones, of Searcy, visited in Little Rock this month.

Dr. and Mrs. J. C. Cleveland, of Bald Knob, recently visited in Little Rock.

The American Medical Association will meet this year in New Orleans, April 26 to 30.

Dr. Charles Wallis, son of the late Dr. J. C. Wallis, has formed a partnership with Dr. J. S. Moore at Arkadelphia. They will soon open a small sanitarium.

Dr. Charles S. Holt, of Fort Smith, announces that he has added to the staff of St. John's Hospital a urologist and an associate in surgery, Dr. Aubry C. Belcher.

Drs. M. D. Ogden, J. I. Scarborough, A. M. Zell and O. K. Judd have recently moved their offices to the Stewart Building, 900 Scott Street, Little Rock.

Dr. S. A. Woodward, of Fort Worth, Tex., has been appointed fraternal delegate from the State Medical Association of Texas to the Eureka Springs meeting of the Arkansas Medical Society.

Dr. J. W. Scales, of Pine Bluff, tendered a banquet given the Jefferson County Medical Society to celebrate his thirteenth bissextile birthday, Sunday evening, February 29, 1920, Hotel Pines, Pine Bluff.

The attention of our readers is called to the "Council-Passed" announcement of The Abbott Laboratories. We bespeak for this advertiser the support and patronage of our members. This firm is doing splendid research work, and the scientific products which it is developing include medicinal chemicals never before made in this country.

It has come to the attention of the Public Health Service that denatured ethyl alcohol containing phenol has been used for the pur-

pose of cleansing the skin at the site of vaccination against smallpox. The bureau believes that such procedure would materially decrease the likelihood of securing successful "takes" from vaccine, and suggests that cleansing the skin with soap and water is preferable, but if another agent is desired ether may be used.

Dr. Katherine L. Storm of Philadelphia is announcing the removal of her offices from 1541 to 1701 Diamond Street, Philadelphia. The new building which Dr. Storm has purchased has trebled the capacity of her present building, and is being equipped with every facility for quick and exact work. Dr. Storm is justly proud of the ever widening demand for the Storm Binder and Abdominal Supporter, and is planning to maintain her reputation for immediate response to each order.

The fifty-first annual meeting of the American Medical Editors' Association will be held at the Grunewald Hotel, New Orleans, La., on Monday and Tuesday, April 26 and 27 (during the week of the A. M. A. convention), under the presidency of Dr. Seale Harris, editor of the Southern Medical Journal. A most interesting program has been arranged, and every doctor, even remotely interested in medical journalism, will find it to his advantage to attend. It is advisable for you to make early reservation of rooms to assure you of accommodations.

Among other Arkansas physicians visiting in Little Rock this month were: J. S. Hesterly, Prescott; A. J. Brittain, Conway; George S. Brown, Conway; Dr. French, Casa.

If physicians fail to return corrected discussions of papers presented at the annual session of the association and published in *The Journal*, the editorial staff of *The Journal* edits the discussion, so as to retain whatever seems to be of value in the presentation of the subject discussed by the paper. If the discussion which has not been revised does not add to the value of the contribution, it is in most instances deleted entirely. The *Journal* of the Society reserves to itself the further right of editing even corrected discussion. This is necessary because of lack of space.

The annual meeting of the Arkansas Medical Society will be held in Eureka Springs on Tuesday, Wednesday and Thursday, June 8,

9 and 10. Make your plans now to attend this meeting; get three days' rest and recreation at this beautiful resort. We know most of you are very busy, but it might do your patients a lot of good if you would leave them for three days to attend this meeting. There are a few vacancies on the program and we hope someone will come forth and give us a paper along some line of his work that will be instructive to us and beneficial to himself. Send the title to the State Secretary as soon as possible. Do not wait for a personal invitation. You are all invited to take part in the program.

WHY TUBERCULOUS PERSONS WITHOUT FUNDS SHOULD NOT LEAVE THEIR HOME STATES.

It is reliably estimated that several hundred tuberculous persons without funds come to Denver every year. Practically all of them come because they have the mistaken idea that climate will cure tuberculosis.

They arrive, almost penniless, without having made any inquiries, or any provisions for their needs. Since Colorado has no state, and Denver no municipal tuberculosis sanatorium (merely a ward at the County Hospital for thirty-five very sick tuberculous residents), the care of such indigent persons is limited to a few free private sanatoria, which are continuously so overtaxed that admittance is a long and difficult matter. These sanatoria comprise: The two Jewish, which accept only a small number of Gentiles; a tent colony of men with a capacity of seventy "down-and-outers;" and a small home for a dozen destitute tuberculous women.

These tuberculous poor who migrate to Denver, finding no place where they can be cared for, look for light work in order to maintain themselves and often their dependent families; but the demand for such work is far in excess of the supply. Driven to any work they can get, with neither friends nor care, anxious, homesick, hopeless, they rapidly grow worse, and usually soon die. They die for lack of proper rest, food, fresh air, and medical attention, those essentials of treatment, which many of them could have had at home—or here with sufficient funds for two years' care. Without these essentials climate is of no avail. If it were, Denver would welcome these tragic health-seekers instead of urging them, for their own best chances, to stay at home.

Denver also urges that the states throughout the country plan definite programs to retain their indigent tuberculous, giving them effective treatment in state sanatoria or in their own homes.—The Denver Anti-Tuberculosis Society.

New and Nonofficial Remedies.

PASTEUR ANTI-RABIC VACCINE (GILLILAND).—An anti-rabic vaccine (see New and Nonofficial Remedies, 1920, p. 272) prepared according to the method of the U. S. Public Health Service. The treatment consists of twenty-one to twenty-four doses, and these are sent separately each day by special delivery. The Gilliland Laboratories, Ambler, Pa.

PNEUMOCOCCUS VACCINE IMMUNIZING (GILLILAND).—A pneumococcus vaccine (see New and Nonofficial Remedies, 1920, p. 286) containing Types I, II and III, respectively, in equal proportions. Marketed in packages of four 1-cc. syringes and also in packages of four 1-cc. ampules containing 250, 500, 1,000 and 2,000 million killed pneumococci per cc. The Gilliland Laboratories, Ambler, Pa.

STAPHYLOCOCCUS VACCINE (ALBUS AND AUREUS) (GILLILAND).—A staphylococcus vaccine (see New and Nonofficial Remedies, 1920, p. 288) containing *staphylococcus albus* and *staphylococcus aureus* in equal proportions. It is marketed in packages of four syringes containing, respectively, 250, 500, 1,000 and 2,000 million killed bacteria in 1 cc.; also marketed in packages of four ampules containing, respectively, 250, 500, 1,000 and 2,000 million killed bacteria in 1 cc. The Gilliland Laboratories, Ambler, Pa. (Journal A. M. A., February 7, 1920, p. 393).

CHLOROXYL — CINCHOPHEN HYDROCHLORID — PHENYLCINCHONINIC ACID HYDROCHLORID.—The actions, uses and dosage are the same as those of cinchophen (see New and Nonofficial Remedies, 1920, p. 224, under Phenylcinchoninic Acid (Cinchophen) and Phenylcinchoninic Acid Derivatives). Chloroxyl is a yellow crystalline powder with an astringent, slightly bitter taste, insoluble in water. Chloroxyl is also supplied in the form of chloroxyl tablets, 5 grains. Eli Lilly & Co., Indianapolis, Ind. (Journal A. M. A., February 14, 1920, p. 461).

Propaganda for Reform.

BARBITAL (VERONAL) ADDICTION.—The constant use of even small doses of barbital (veronal) affects the central nervous system. Those taking the drug habitually become much debilitated and seem less able to stand moderate doses. Death has occurred from a 3-gm. dose in addicts (Journal A. M. A., February 21, 1920, p. 544).

GRALE'S FRUIT LAXATIVE.—This is advertised with the claim: "Grale's Fruit Laxative contains only figs, dates, raisins and prunes, a few simple herbs, and bran. No drugs at all." Though claimed to contain no drug, the A. M. A. Chemical Laboratory reports that the preparation was found to contain ground senna. Since senna is a well-known drug of recognized activity, the claim that the preparation contains no drug is false (Journal A. M. A., February 7, 1920, p. 410).

PHARMACY BY ACT OF CONGRESS.—For years the manufacturers of "patent medicines" have assured us that the alcohol in their nostrums was used only as a solvent, preservative or extractive agent. Thus Wine of Cardui at one time contained 20 per cent of alcohol and the manufacturer claimed that no more was used than was needed as a solvent and preservative, and that attempts to substitute another preservative had proved futile. Then came national prohibition, and now Wine of Cardui contains 10 per cent of alcohol and its preservative powers have been fortified by the addition of benzoates (Journal A. M. A., February 28, 1920, p. 607).

EUPAD AND EUSOL.—Eupad is a powder composed of equal parts by weight of boric acid and chlorinated lime (containing 25 per cent available chlorin). Eusol is thus made: (a) 25 gm. of eupad are shaken with 1 liter of water, allowed to stand for some hours, and filtered; (2) to 1 liter of water add 12.5 gm. chlorinated lime (25 per cent chlorin), shake vigorously, and add 12.5 gm. boric acid in powder, and shake again. Allow to stand, decant and filter. If the official chlorinated lime containing 30 per cent available chlorin is used, a proportionately smaller quantity should be sufficient (Journal A. M. A., February 7, 1920, p. 413).

EUMICTINE.—The Council on Pharmacy and Chemistry reports that Eumictine is in-

eligible for New and Nonofficial Remedies, because (1) it is unscientific; (2) it is sold under unwarranted therapeutic claims; (3) the name "Eumictine" is blown in the bottle for the obvious purpose of bringing the product to the attention of the public when it is prescribed in the original package; and (4) the name is therapeutically suggestive and not in any way descriptive of its composition. Eumictine is a preparation from the laboratories of Maurice Le Prince, Paris, France, and is marketed in this country by George J. Wallau, Inc., New York. According to the American agent, "each capsule is supposed to contain 20 centigrams of santalol, 5 centigrams of hexamethylene-tetramine" (Journal A. M. A., February 21, 1920, p. 542).

HYPNO-BROMIC COMPOUND.—A Vermont physician reports that Hypno-Bromic Compound, manufactured by H. P. Wampole & Co., is sold by druggists without prescription, though it contains in each ounce: cannabis indica, 1 grain; morphin, $\frac{1}{4}$ grain; potassium bromid, 48 grains; hyoseyamus, 1 grain; chloral hydrate, 96 grains. He writes that he has three young women who have become addicts to the preparation as a result of thoughtless prescriptions from physicians. By visiting the various drug stores in town, these addicts have been able to obtain an ample supply of the preparation. Hypno-Bromic Compound is more than an unscientific mixture; it is a dangerous product that should not be sold indiscriminately over the drug counter. Physicians who prescribe such mixtures and druggists who indiscriminately sell such stuff are disgracing two honorable professions (Journal A. M. A., February 7, 1920, p. 410).

ANTIPLASMA.—A nostrum called Antiplasma, or Rudolph's Malarial Specific, is being exploited in the South. It is claimed that the preparation was "developed by J. J. Rudolph, M. D.," and that "there is only one way to cure malarial fever. Take 15 drops of Rudolph's Malarial Specific on sugar or in molasses, three times daily for six days." The A. M. A. Chemical Laboratory reports that Antiplasma is a pale yellow, viscid liquid having an odor resembling a mixture of oil of turpentine and oil of wintergreen. The preparation responded to tests for rosin, turpentine and methyl salicylate. It was impossible to determine whether the product was a mixture of the three, or some natural turpentine-

like product "thinned" with methyl salicylate. The chemists conclude that a mixture of 53 parts of bleached rosin, 41 parts of oil of turpentine and 6 parts of methyl salicylate would probably have whatever anti-malarial properties Antiplasma possesses (Journal A. M. A., February 28, 1920, p. 618).

Du PONT COTTON PROCESS ETHER.—Recently the "News Service" of the E. I. Du Pont De Nemours & Co., Inc., circularized the press of the country with a "filler" about "The New Du Pont Ether." The Du Pont ether and the claims made for it are seemingly based on the work of one man, James H. Cotton, M. A., M. D., Toronto, Canada, who published an article on "Cotton Process Ether and Ether Analgesia." However, Cotton did not give the composition of the "New" ether, nor does his work appear to have been corroborated. In reply to an inquiry from the secretary of the Council on Pharmacy and Chemistry, the Du Pont Chemical Works declared that the "procedure of manufacture, and the exact composition" of the ether was regarded as confidential information. The use of a therapeutic agent of unknown composition is unscientific and contrary to the best interests of the medical profession and the public, but it is many times more serious for physicians to use a secret or semi-secret substance as an anesthetic.

DIONOL—THE GLORIFIED PETROLATUM.—The exploitation of Dionol is based on the theory: (1) The brain is a generator of neuro-electricity; (2) the nerves are the conductors of this electricity; (3) the nerve sheaths are the insulators; (4) wherever there is local inflammation, the nerves are short-circuited owing to a breaking down of the insulation resistance of the nerve sheaths; (5) this results in "an escape of neuro-electricity;" (6) Dionol coats the nerve sheaths with a nonconducting layer, and this restores the insulation and "stops the leak." Whether this theory was invented to give a "reason for being" for Dionol, or whether Dionol was first invented and it became necessary to evolve a theory that would give some plausibility to the claims made for this etherealized petrolatum, we are unable to say. In any case, the theory and the product are exploited together. The value of the "case reports" sent out for Dionol may be estimated from a report featured under the heading "Infected Wound," signed "Dr. W."

This "Dr." appears to be an osteopath whose specialty, according to his advertisement in his local newspaper, is "Catarrhal deafness and hay fever, acute and chronic diseases" (Journal A. M. A., February 7, 1920, p. 410).

INFLUENZA VACCINES.—The Medico-Military Review, a semi-monthly mimeographed publication sent to medical officers of the army by the surgeon-general's office, has the following on the use of vaccines against influenza: "*You are reminded* that so far a comprehensive analysis of results obtained by the use of monovalent and polyvalent vaccines in the prevention of influenza has not demonstrated their value. Much carefully controlled experimental work is now being carried out on this subject, both in civil institutions and in the army, and any worthwhile advances will be reported in the Review from time to time. If a prospective vaccine is developed, it will be prepared at the Army Medical School for general distribution and all medical officers will be duly notified. The general use of the present commercial polyvalent protective against influenza is not considered desirable. Numerous telegrams and other requisitions are being received for influenza vaccine. In view of the fact that no prophylactic influenza vaccine is available, such requisitions should be discontinued" (Journal A. M. A., February 14, 1920, p. 466).

AUTO-HEMIC SERUM.—This is an asserted cure for laziness, ugliness, frigidity, and many other things. For many years L. D. Rogers, the discoverer of Auto-Hemic Serum, was the chief owner of the National Medical University of Chicago—a low-grade school of the "sun-down" variety now out of existence. A few years ago Rogers was exploiting a cancer serum and selling shares in the "Cancer Research Laboratory and Hospital." In 1915 he exploited a Japanese consumption cure. Then came Auto-Hemic Serum, exploited by means of "The National Society of Auto-Hemic Practitioners" and "The North American Journal of Homeopathy," the official organ of the "Auto-Hemic Practitioners" and of the "American Medical Union." Auto-Hemic therapy is described as "the missing link in medicine," and "consists in giving the patient a solution made by attenuating, hemolizing, incubating and potentizing a few drops of his or her own blood and administering it

according to a refined technic developed by the author." The "technic" of this new therapy may be learned through a mail order course costing one hundred dollars, "cash in advance." One of the chief virtues claimed for the serum is that of developing in the patient who takes it an unbounded energy; it apparently makes him want to work himself to death (Journal A. M. A., February 14, 1920, p. 477).

County Societies.

LEE COUNTY.

(Reported by M. McLendon, Sec'y.)

The Lee County Medical Society met in Marianna, January 20. The following officers were elected: H. D. Bogart, president; C. W. Chaffin, vice president; Mac McLendon, secretary and treasurer; O. L. Williamson, censor; Harry White, delegate; M. C. Hughey, alternate.

NEVADA COUNTY.

(Reported by O. G. Hirst, Sec'y.)

The Nevada County Medical Society met in Prescott, January 16, 1920. The attendance was small, due to bad roads and other unavoidable conditions.

The following officers were elected for the ensuing year: W. W. Rice, president; A. A. Reeder, vice president; O. G. Hirst, secretary and treasurer; A. S. Buchanan, delegate to State Society; and S. J. Hesterly, alternate.

It was decided that the society meet once a month, the meeting being the first Monday in every month.

The question of change of prices for services was discussed, but no decision was reached and action was postponed until a full attendance could be had.

Considerable interest is manifested by the society, especially by the newly elected president, and indications are that the society will be very active this year.

CHICOT COUNTY.

(Reported by J. S. Wilson, Sec'y.)

The Chicot County Medical Society met at Lake Village in regular session, February 24, 1920. The minutes of the previous meeting were read and approved, after which the election of officers for the year took place, which resulted as follows: Dr. B. C. Clark, of Lake

Village, for president, and Dr. J. S. Wilson, of Lake Village, for secretary.

It was the unanimous opinion of those present that the society should meet oftener than heretofore. It was decided that we should begin monthly meetings in the immediate future and that the members should present any cases of interest which they might have. With this idea in view, all members will be urgently requested to attend the meetings and to present interesting cases, or the report of them, to the society. In this way we hope to stimulate interest in attendance and also bring out by our best men the most interesting cases occurring in the county.

POPE COUNTY.

(Reported by J. R. Linzy, Sec'y.)

The Pope County Medical Society met in the Elks' Hall at Russellville, February 11. Members present: R. M. Drummond, J. M. Stanford, S. Drummond, J. M. Campbell, J. F. Hays, J. W. Powell, Jerome Wright, A. W. Rye, L. Gardner, R. L. Smith, L. D. Berryman, and J. R. Linzy, all of Russellville; W. L. Montgomery, of Atkins; Ed Truette and W. J. Brown, of Dover, visitors; Robert Caldwell, counselor, of Little Rock; Dr. W. F. Smith, surgeon of I. M. R. R., of Little Rock, and R. H. Gardner and J. B. Britt, of Russellville.

The first thing on the program was a nice luncheon served at Hughey Bros.' Cafe. Dr. Caldwell made an impressive and much appreciated talk on organized medicine. Dr. W. F. Smith exhibited photographs on bone surgery and gave helpful explanations of same.

Officers elected for the ensuing year were: Dr. J. M. Stanford, of Russellville, president; Dr. J. R. Linzy, of Russellville, secretary and treasurer. Dr. J. W. Powell, of Russellville, was elected as a delegate to the State Convention, and Dr. J. F. Hays as alternate.

Meeting adjourned to meet at Russellville on the second Wednesday in March.

PULASKI COUNTY.

(Reported by J. B. Dooley, Sec'y.)

The Pulaski County Medical Society met at the Medical Library Room at 8:15 p. m., February 16, 1920, with President S. B. Hinkle in the chair. Present: Drs. Hinkle, Hardeman, Kriesel, Strauss, Scroggins, Wilson, Pemberton, Darnall, Stover, Vaughter,

Thompson, Oates, Johnston, Moore, Rhinehart, Switzer, Walt, Dooley, Witt, and J. R. Dibrell.

There were no clinical cases reported.

The essayist for the evening, Dr. John Thames, city health officer, read an interesting paper on "Health Problems," which was discussed by Drs. Scroggins, Strauss, Kriesel, Wilson and others. Dr. Thames in his rejoinder answered a number of inquiries on the subject.

Dr. A. R. Stover made inquiry as to the medical library of the late Dr. L. P. Gibson which has been placed in the Library Room, and upon motion the president appointed Dr. Pemberton to ascertain the facts of the transfer and report at the next meeting.

Dr. Scroggins next read an editorial from the Journal of A. M. A. of February 14, 1920, entitled "What Is the Matter With Arkansas?" in which comment and some criticism was made of the admittedly bad policy of having six state boards for examination of practitioners of the healing art, and mentioned how the State was being flooded with incompetent and unscrupulous practitioners, to the great detriment of the public.

The paper was freely discussed and it was the opinion of all that united effort should be made to induce the next Legislature to enact a measure creating one board for all, and thus wipe out this disgrace to the State.

A motion was adopted that this matter be taken up at the proper time with the Legislative Committee of the Arkansas Medical Society, and a request be made that each county society in the State interview the prospective candidates for Legislature and endeavor to secure their definite support to this necessary measure.

The secretary-editor of the Arkansas Medical Society was also requested to republish the editorial, and call attention to same as he may deem best.

The applications for membership by Drs. Homer Scott and Lee V. Parmley were reported favorably by the Committee on Credentials and they were elected to membership in the society.

The application of Dr. Harry W. Smiley for membership was referred to the Credentials Committee for report at next meeting.

Adjourned.

Book Reviews.

A MANUAL OF OBSTETRICS.—By John Cooke Hirst, M. A., Associate in Gynecology, University of Pennsylvania; Obstetrician and Gynecologist to the Philadelphia General Hospital. 12 mo. of 516 pages, with 216 illustrations. Published by W. B. Saunders Company, Philadelphia, 1919. Price, cloth, \$3.00 net.

This is a companion book to Dr. Hirst's Manual of Gynecology. It presents the subject clearly and concisely. Much emphasis is given to the description of the mechanism of labor, simplifying it, which makes it quite useful and helpful to the medical student and practitioner.

GYNEOPLASTIC TECHNOLOGY, With a Chapter on "SACRAL ANESTHESIA."—By Arnold Sturmdorf, M. D., Clinical Professor of Gynecology, New York Polytechnic Medical School. Illustrated with 152 half-tone and photo engravings in the text, some in colors and twenty-three full-page plates, with thirty-five figures, all in colors. Published by F. A. Davis Company, Philadelphia, 1919. Price, \$5.00 net.

In this book the various operative procedures are given in detail and fully illustrated to illuminate underlying principles of practice rather than to standardize any individual method as one of universal applicability. Historical data is given only where it reveals the progressive stages in the evolution of advanced gynecoplastic technology.

THE MEDICAL CLINICS OF NORTH AMERICA.—Volume III, No. 1 (the Chicago number, July, 1919). Octavo of 277 pages, 59 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price, per year: Paper, \$10.00; cloth, \$14.00.

A very interesting article in this number is that of Dr. Isaac A. Abt, Chicago, on "Prognosis of Disease in Infancy and Childhood." We wish to copy the following paragraph: "In so far as prognosis can be accurate, it reflects the wisdom, the thoughtfulness, the experience and the knowledge of the medical attendant. By his wisdom he reflects the quality of his mental processes, his power of reasoning. He collects all the facts and is enabled to give a logical opinion, but he does not lose sight of the human element in prognosis. He must not unnecessarily depress the patient or his friends. Likewise, he must not pronounce a cruel sentence upon the patient when there is some uncertainty or a reasonable doubt as to the outcome. He should give cheer to the patient, and hope to the family, when it is possible. He will attempt to protect his own reputation for sagacity, and, above all else, he will endeavor to communicate to the parents the absolute, unmitigated truth as he understands it. A wise doctor upholds the reputation of his calling and maintains unsullied his character as a man."

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

D I R E C T O R Y

OF THE

COUNTY SOCIETIES OF THE ARKANSAS

MEDICAL SOCIETY

1919

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No. 11

Original Articles.

SOME FACTORS IN MALARIA CONTROL.*

Henry Thibault, M. D.,
Scott.

The control of malaria depends, of course, on the elimination of the infecting mosquitoes and the cure of the infected humans; but we have a vast number of technical details involved in the accomplishment of these two fundamental tasks, and no one could hope to deal with all of them in a paper of reasonable length. This paper will deal with some of the habits of the man that expose him to mosquitoes, instead of dealing with the habits of the mosquitoes themselves.

The cotton and rice growing sections of this state are closely studded over with negro churches. As far back as the memory of the oldest inhabitant goes, these churches have been built in groves that there might be shade for the people and their teams. This same humane spirit that provided the shady groves also saw that there was permanent water near at hand, so that no beast should begin his homeward journey with unquenched thirst. In 1906 I examined 100 of these churches, and found the following conditions: Unscreened, 100 per cent; situated in or near thick trees and underbrush, 100 per cent; situated within 200 yards of permanent water, which furnished breeding places for anopheles, 100 per cent.

In 1918 I made a similar inspection of 94 churches and found one not situated where the vegetation would protect mosquitoes from wind and drouth, and one that had no permanent breeding place near it. None of them were screened. None of these churches were

situated within the three-mile zones about government encampments. Within these areas I was informed by the officers of the churches that the United States public health officers had told them that they could not hold night meetings unless their churches were screened, and in all cases that I observed in these areas the screening order had been obeyed. So much for the churches and their surroundings.

When the first cotton crop ever raised in Arkansas was "laid by" some time late in July or early in August, the negroes began a series of protracted night meetings in these churches. These meetings ran from two to four weeks at each of these churches and rotated among the churches of each community. Meeting opened at 9:00 to 10:00 p. m. meridian time, and closed at 1:00 to 4:00 a. m., according to the popularity of the preacher and the time for the moon to set. All adult "niggerdom" attended these meetings. If one of them had a chill in the day, his most fervent prayer would be that he might "sweat the fever off" in time to go to meeting that night. And he went. And he infected the mosquitoes that were there waiting for him, and the meetings lasted long enough for these mosquitoes to develop their sporozoites and infect many other people before that meeting was over and all the converts "baptised." So it has been every year since. What is the result? Every year, no matter how wet or how dry, there is a sharp rise in the malaria of the cotton growing country, and this rise is always apparent about two weeks after these meetings begin. This rise is independent of the season, independent of the mosquito density in the dwelling houses, and is always manifested in the *adult negro* population. A glance at the appended tables, which cover a period of six years from January 1, 1913, to December 31, 1918, will show this characteristic rise in every instance. Table 7, which is a complete table giving the whole six years by

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

months, shows the same rise in malaria in the adult negro; but owing to the fact that these meetings do not start on the same days of the month or even in the same months each year, the abrupt rise is not so apparent as in the other tables, each dealing with a separate year.

There are two characteristic reactions that follow this primary rise, that is in itself solely due to these meetings under the conditions that I have described. First, we have what I have termed the “Dry Year Reaction.” This occurs when the breeding places for mosquitoes have been reduced to permanent water; that is, it has been so dry that transient puddles, water barrels and small ponds are not operative. There are few to no anopheles in the average negro dwelling. It will be noticed, then, as is so strikingly shown in Tables 2, 5 and 6, that there is no corresponding rise in the morbidity among colored children, and that the rise in colored adult morbidity, while sharp, is of short duration on account of yielding to treatment and lack of mosquitoes at home to reinfect them. Next we have the “Wet Year Reaction,” which is the worst and is very well shown in Tables 1 and 3, which represent the years 1913 and 1915, respectively. Here you see the rise is first a sharp one, confined to the negro adults as before; but, instead of dropping off soon as in dry years, it continues, because there are mosquitoes at home that soon are able to renew the infection every time treatment is stopped;

and, what is much worse, these mosquitoes begin to infect the children who stayed at home, and there is a high morbidity among them that lasts until frost puts an end to the activities of the anopheles.

This is the big factor in malaria in Arkansas now. Proper regulation of these meetings and cleaning up the breeding places about these churches and making the churches mosquito free would at one stroke rid us of four-fifths of our malaria.

The notations of weather conditions in these tables are taken from the United States Weather Reports for this station, furnished by the Weather Bureau of the Department of Agriculture.

The tables are from my private records, and extend no farther than 1913, because before that time I did not keep the adult and child records separated so as to make them immediately available for this paper.

Another interesting feature of the “Wet Year” and “Dry Year” reactions is that in dry years mixed infections, where the individual has two or more kinds of malaria in his blood at the same time, are very rare; while in the wet years the mixed cases are of common occurrence. Compare the “Wet Year” table (No. 3, 1915) with the three “Dry Year” tables, Nos. 1, 5 and 6. Here we have nineteen mixed cases in one wet year, and only one such case in the whole of the three dry years.

TABLE No. 1—1913.

Month	No. Persons Examined	No. with Malaria	Estivo-autumnal	Tertian	Quartan	Mixed	Died of Malaria	% with Malaria	White Adults	White Children	Colored Adults	Colored Children	Totals
January	52	4	1	3	0	0	0	7.7	1	1	2	0	4
February	71	7	1	6	0	0	0	9.8	1	1	2	3	7
March	97	3	0	3	0	0	0	3.1	1	0	1	1	3
April	53	5	1	4	0	0	0	9.4	0	0	3	2	5
May	79	20	1	19	0	0	0	25.3	2	2	10	6	20
June*	92	24	0	24	0	0	0	26.0	3	2	9	10	24
July*	119	52	3	49	0	0	0	43.7	4	5	34	9	52
August*	107	44	3	39	0	0	0	41.1	3	3	26	12	44
September†	113	36	4	32	0	0	0	31.8	6	5	17	8	36
October†	94	42	11	31	0	0	0	44.7	2	3	15	22	42
November†	82	24	5	19	0	0	0	29.2	3	3	0	18	24
December	50	4	2	2	0	0	0	8.0	2	2	0	0	4
Totals.....	1,009	265	34	231	0	0	0	26.26	28	27	119	91	265

*Very dry.
†Warm and rainy.

TABLE No. 2—1914

Month	No. Persons Examined	No. with Malaria	Estivo-autumnal	Tertian	Quartan	Mixed	Died of Malaria	% with Malaria	White Adults	White Children	Colored adults	Colored Children	Totals
January	80	3	1	2	0	0	0	3.75	1	0	1	1	3
February	76	2	2	0	0	0	0	2.6	0	1	0	1	2
March	89	3	2	1	0	0	0	3.3	0	1	1	1	3
April*	61	0	0	0	0	0	0	0.0	0	0	0	0	0
May*	81	6	2	3	1	0	0	7.4	0	0	3	3	6
June*	114	18	4	14	0	0	1	15.8	1	2	7	8	18
July	111	9	4	5	0	0	0	8.1	1	0	4	4	9
August	93	14	6	7	1	0	0	15.0	0	1	10	3	14
September	88	21	13	7	1	0	0	23.8	1	2	11	7	21
October	98	20	15	5	0	0	0	20.4	2	2	13	3	20
November	21	7	7	0	0	0	0	33.3	0	2	3	2	7
December	36	3	3	0	0	0	0	8.3	0	0	1	2	3
Totals.....	948	106	59	44	3	0	1	11.2	6	11	54	35	106

*Very dry.

TABLE No. 3—1915.

Month	No. Persons Examined	No. with Malaria	Estivo-autumnal	Tertian	Quartan	Mixed	Died of Malaria	% with Malaria	White Adults	White Children	Colored Adults	Colored Children	Totals
January	60	2	1	0	0	1	0	3.3	0	0	0	2	2
February	50	0	0	0	0	0	0	0.0	0	0	0	0	0
March	76	0	0	0	0	0	0	0.0	0	0	0	0	0
April	82	1	1	0	0	0	0	1.2	0	0	1	0	1
May	47	1	1	0	0	0	0	2.1	0	0	0	1	1
June	90	12	8	2	0	2	0	13.3	0	1	7	4	12
July	101	22	19	2	0	1	0	22.0	1	1	14	6	22
August	112	52	44	0	0	8	1	46.4	3	1	31	17	52
September	162	85	70	10	0	5	1	52.4	5	13	45	22	85
October	130	68	64	2	0	2	0	52.3	4	6	39	19	68
November	74	30	30	0	0	0	2	40.5	0	0	19	11	30
December	49	5	5	0	0	0	0	10.2	1	0	3	1	5
Total.....	1,033	278	243	16	0	19	4	26.9	14	22	159	83	278

TABLE No. 4—1916.

Month	No. Persons Examined	No. with Malaria	Estivo-autumnal	Tertian	Quartan	Mixed	Died of Malaria	% with Malaria	White Adults	White Children	Colored Adults	Colored Children	Totals
January	77	0	0	0	0	0	0	0.0	0	0	0	0	0
February	83	1	1	0	0	0	0	1.2	0	1	0	0	1
March	112	2	2	0	0	0	0	1.8	1	0	0	1	2
April	72	0	0	0	0	0	0	0.0	0	0	0	0	0
May	123	5	0	4	0	1	1	4.0	2	1	1	1	5
June	135	10	4	4	0	2	0	7.4	1	1	5	3	10
July	148	34	22	10	0	2	1	22.9	2	0	20	12	34
August	137	31	26	5	0	0	0	22.6	1	5	13	12	31
September	144	37	31	4	0	2	0	25.7	1	3	28	5	37
October	125	21	19	2	0	0	0	16.8	4	1	11	5	21
November	98	8	8	0	0	0	0	8.1	0	1	5	2	8
December	77	1	1	0	0	0	0	1.3	0	0	0	1	1
Total.....	1,331	150	114	29	0	7	2	11.3	12	13	83	42	150

TABLE No. 5—1917.

Month	No. Persons Examined	No. with Malaria	Estivo-autumnal	Tertian	Quartan	Mixed	Died of Malaria	% with Malaria	White Adults	White Children	Colored Adults	Colored Children	Totals
January	72	1	0	1	0	0	0	1.4	0	1	0	0	1
February	78	1	1	0	0	0	0	1.2	0	0	0	1	1
March	83	3	0	3	0	0	0	3.5	1	1	0	1	3
April	82	3	0	3	0	0	0	3.6	1	1	1	0	3
May	74	2	0	2	0	0	0	2.7	2	0	0	0	2
June	82	1	0	1	0	0	0	1.2	0	0	0	1	1
July	99	14	13	1	0	0	1	14.1	0	1	11	2	14
August	57	11	11	0	0	0	0	19.3	1	0	9	1	11
September	48	10	8	2	0	0	0	20.8	4	2	2	2	10
October	41	12	11	1	0	0	0	29.2	4	5	3	0	12
November	62	1	1	0	0	0	0	1.6	0	0	1	0	1
December	58	1	0	0	1	0	0	1.7	0	0	0	1	1
Total.....	838	60	45	14	1	0	1	7.2	13	11	27	9	60
“Dry Year” reaction. Rainfall deficiency for year about 24 inches. See U. S. weather reports.													

TABLE No. 6—1918.

Month	No. Persons Examined	No. with Malaria	Estivo-autumnal	Tertian	Quartan	Mixed	Died of Malaria	% with Malaria	White Adults	White Children	Colored Adults	Colored Children	Totals
January	82	0	0	0	0	0	0	0.0	0	0	0	0	0
February	61	1	1	0	0	0	0	1.6	0	1	0	0	1
March	128	0	0	0	0	0	0	0.0	0	0	0	0	0
April	116	0	0	0	0	0	0	0.0	0	0	0	0	0
May	143	4	0	4	0	0	0	2.8	1	3	0	0	4
June	135	11	8	3	0	0	0	8.1	1	2	3	5	11
July*	118	15	11	4	0	0	0	12.7	4	2	5	4	15
August*	130	26	23	1	0	0	0	20.0	2	3	19	2	26
September*	168	10	9	0	0	1	0	5.9	1	2	4	3	10
October‡	238	2	2	0	0	0	0	0.84	0	0	2	0	2
November‡	85	0	0	0	0	0	0	0.0	0	0	0	0	0
December‡	75	0	0	0	0	0	0	0.0	0	0	0	0	0
Totals.....	1,479	69	56	12	0	1	0	4.66	9	13	33	14	69
*Very dry. ‡Rains late. Cold.													

TABLE No. 7.
SUMMARY OF 1913 TO 1918, INCLUSIVE.

Month	No. Persons Examined	No. with Malaria	Estivo-autumnal	Tertian	Quartan	Mixed	Died of Malaria	% with Malaria	White Adults	White Children	Colored Adults	Colored Children	Totals
January	423	10	3	6	0	1	0	2.3	2	2	3	3	10
February	419	12	6	6	0	0	0	2.8	1	4	2	5	12
March	587	11	4	7	0	0	0	1.8	3	2	2	4	11
April	466	9	2	7	0	0	0	1.9	1	1	5	2	9
May	547	38	4	32	1	1	1	6.9	7	6	14	11	38
June	648	76	24	48	0	4	1	11.7	6	8	31	31	76
July	696	146	72	71	0	3	2	20.9	12	9	88	37	146
August	636	178	117	52	1	8	1	27.9	10	13	108	47	178
September	723	199	135	55	1	8	1	27.5	18	27	107	47	199
October	726	165	122	41	0	2	0	22.7	16	17	83	49	165
November	422	70	51	19	0	0	2	16.6	3	6	28	33	70
December	345	14	11	2	1	0	0	4.0	3	2	4	5	14
Total.....	6,638	928	551	346	4	27	8	13.9	82	97	475	274	928

TREATMENT OF SYPHILIS.*

S. P. Bond, M. D.,

Professor of Urology, University of Arkansas,
Little Rock.

In the treatment of syphilis, the prime essential during the first stage is an early diagnosis. I wish to state here the dark field examination gives us the earliest and most satisfactory evidence of the presence of syphilis.

Every sore or open lesion on the genitals should be carefully searched, not only once, but several times, and if these examinations are negative, the inguinal glands, if even only slightly involved, should be aspirated and the fluid and macerated tissue withdrawn and carefully searched with the dark field.

Most chancres reported with negative findings and afterward followed by a positive Wassermann and secondaries, are due to a faulty technic in the preparation in the lesion for examination.

The lesion should not be dressed with any medicament, or even washed with soap, for at least twenty-four hours and frequently seventy-two hours previous to the examination. Soapsuds cause *spirochete pallida* to swell and burst beyond recognition immediately on contact, and any medicine of value in healing the lesion (with the possible exception of argyrol, according to Thrasher) will kill the *spirochete pallida* and they cannot be found in distinguishable forms. Treatment should be instituted immediately on finding the organisms.

If the *spirochete* is not found at the end of fifteen days, a Wassermann should be run. If the fifteen-day Wassermann is negative, to be sure the lesion is nonsyphilitic, at the end of thirty days, still another Wassermann should be run. But if the fifteen-day Wassermann is partly positive, the second Wassermann should be run about one week later; after the patient has had a saline purge and the blood taken not sooner than three hours after a full meal.

I will not discuss the technic of the Wassermann reaction, beyond saying that I consider the ice box fixation technic the most delicate and accurate method, and that all Wassermans, especially those used in checking

up the treatment, should have the Hecht-Weinberg-Gradwohl control.

After a diagnosis is made, treatment should be started immediately. I have found that arsenic and mercury alternately give the earliest and most permanent results.

The drugs used are largely a matter of personal choice. Of the arsenic group, I much prefer Novarsenobenzol "Billion," or Neoarsenobenzol (Schamberg) .3 gm. is given as the initial dose, rapidly increasing to .75 or .9 gms. at five to ten days intervals. Six or eight doses are given unless we get the toxic reactions or salvarsan rash. If the patient begins to lose weight and strength, then the dose should be decreased and given at longer intervals.

In my opinion, there are no contraindications for the use of the arsenic group intravenously, except during some of the acute infectious diseases.

Of the mercurial preparations, and the modes of administration, I much prefer the salicylate by hypodermic injection, using a cocoa butter suspension with quinin and urea as the anesthetic agent. I have no difficulty in getting absorption if the injection is made well down into the muscle and immediately thoroughly massaged. Enough of the mercury should be given to get the full therapeutic, but not toxic effects. Usually one or one-half grain every five to ten days are given until the patient takes eight to twelve doses.

After the above treatment has been completed, a rest of at least one month and preferably three months should be given, unless the patient shows some clinical manifestation of syphilis; and then the Wassermann with the Gradwohl control should be run. If positive, treatment should be resumed, consisting of three to five doses of arsenic and a full course of mercury. If negative, the patient is given another rest of three months. If the six months Wassermann is negative, then a spinal puncture is done and a Wassermann cell count and globulin and colloidal gold is done upon the fluid. If these tests are negative, no treatment is indicated until another Wassermann, which should be run every year, becomes positive. Even a one X in a treated case indicates further treatment.

If the spinal Wassermann cell count or globulin or gold sol. test are positive, still further treatment is necessary. I find that if the spinal fluid is positive, much quicker and I

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

believe more alleviations of symptoms are found, if the arsenic is given; and, at the end of the injection, a lumbar puncture is made and 10 to 30 cc. of spinal fluid are withdrawn. By this means I lower the pressure in the spinal canal and promote the formation of new spinal fluid through the choroidal plexus and thus carry the arsenic to the nervous system, which is passed through the liver and thus becomes a true spirocheticide.

So far, I have had such good results that I have not felt justified in the use of mercurialized serum or the Swift-Ellis method even in tabes and paresis.

Iodins are useful only to cause resorption of the infiltration which is found in late syphilis. I seldom use it as a single drug, but in combination with the bichlorid of mercury and only when especially indicated, and not as a routine, usually beginning with 5 to 10 grs. t. i. d., increasing 1 gr. each dose and giving until the physiological action is shown.

In the pregnant woman, if the father has a positive Wassermann, treat the mother even if the Wasserman is negative. If the mother has a positive Wassermann, treat as indicated.

VOLUNTARY ACCELERATION OF THE PULSE RATE, WITH PRESENTION OF CASE.*

By Charles H. Cargile, M. D.,
Bentonville.

Mrs. G., the lady whom I am about to bring before you, possesses the rare power of voluntarily accelerating her pulse rate to an unusual degree. She is forty-two and is the mother of two children. Neither in the personal nor family history is there anything which calls for remarks. So rare is this power that one who investigated the literature last year states that only fourteen cases have been recorded.

Mrs. G. says that she does not know how she does it, except that, like others, it is by intense desire and mental concentration.

Yesterday I requested Drs. Lawrence, Kirby, Thibault, Brooksher and Eberle to visit her with me, and witness the demonstration of her ability to do this.

When she lived in Bentonville more than twenty years ago, she called my attention to it, and repeatedly demonstrated it to me.

A few weeks ago I requested her to appear before you and exhibit this rare power. The acceleration begins very promptly and sometimes cannot be maintained long, because very fatiguing. In some such cases it has been found that respiration becomes deeper, the pupils dilated, and blood pressure increased.

Among those who have experimented with the few recorded cases, there is disagreement as to the agency by and through which the pulse rate is accelerated. One theory is that there is temporary suspension of inhibitory action of the vagus; the other, that it is by increased action of the accelerator nerves. The well-known fact that atropine paralyzes the inhibitory function of the vagus was expected to settle the question of nerve agency, but when tested by several it yielded conflicting results.

Dr. Henry Thibault, chairman of the committee appointed to conduct the demonstration before the society, is present and will make report.

Dr. Thibault (Scott): Dr. Carmichael took this lady's pulse, at rest, as we might say, and found on three counts an average of about 82 beats per minute. We then gave the command to accelerate her pulse. Dr. Carmichael found that in thirty seconds the rate had increased over 45 beats and that her pulse rate two minutes after the command, was about 168 beats per minute, instead of 82. This corresponds closely to what we saw at the hotel yesterday, only the variation was greater. Dr. Carmichael was much impressed by the suddenness of the acceleration, as we were yesterday. This acceleration begins almost immediately and is rapidly progressive until the maximum is reached. The return to normal after the acceleration is rather slow by comparison.

Dr. Cargile just made a second test, and we expected to have very little results. He counted this lady's pulse while sitting quiet, apparently, and while it was 132 per minute. He told her to accelerate her pulse, and it immediately arose to 138. But there was a handicap of 50 beats a minute. Still she was able to accelerate her pulse 26 beats a minute in the short space of about five seconds.

Dr. Cargile: Now that the test is over, and it will not make any difference with the result, if anyone wishes to ask Mrs. G. any questions which we avoided before, I doubt not that she will be able to answer them; or, if

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

you wish her to relate her personal experiences, I think the recital will be interesting.

Mrs. G. (Little Rock): Dr. Cargile discovered years ago, when I was a young lady, that he could not take my pulse because it would vary so.

The fact that I can accelerate my pulse is caused by—I could not tell you what—but it seems to be a contraction of a nerve. I can feel it in the back of my head and neck, and also in my hands. It makes my hands cold, and brings on perspiration. I don't perspire freely, as a rule; in fact, I go through the whole summer and perspire but very little. But it makes my feet cold, and makes my face flushed; otherwise, I feel as if I had been frightened. My heart seems to go right up in my throat; then it gets faster and faster. That's all there is to it, I guess.

Dr. Thibault: Mr. President, I think that this society ought to feel grateful to both Mrs. G. and to Dr. Cargile for this demonstration, and I therefore move that we extend to Mrs. G. a vote of thanks for having thus appeared before so many strange doctors for the purpose of this interesting demonstration.

Seconded; carried.

A MESSAGE TO THE BOYS.

The American Boy is a product of the American school. He is at the age, then, between fifteen and twenty years, when he will make himself physically strong, or weak, and form the ideals and habits that go with him through life. It is for this reason that the United States Public Health Service has started a campaign in America to reach all of the boys between the ages of fifteen and twenty years and interest them in a campaign to keep themselves physically fit. This is not with an idea of raising the boys to be soldiers, but because there is one young man in every three physically unfit, not only to be a soldier, but anything else that requires strong, vigorous manhood. This was revealed when the army had to reject one man in every three for physical disability.

Surgeon General Ireland, of the Army, and Surgeon General Braisted, of the Navy, have taken a very keen interest in this work, which has the backing of the Y. M. C. A., churches, welfare organizations, and educators throughout the United States, and have sent the fol-

lowing messages to the boys within this age group:

"Surgeon General Rupert Blue, U. S. Public Health Service, Washington, D. C.:

"SIR:—I am just informed of the plan for a great work which your service is trying to put into effect, to reach three million boys between the ages of fifteen and twenty with a Keeping Fit Message.

"This appeals to me as an effort to meet a striking need. Our experience convinces us that the greatest factor in the prevention or spread of venereal disease in the army is the mental and moral attitude of the men.

"In general, a man's mental and moral attitude and his character are largely the result of the influences which have molded him before he reaches the age of military service, and it can be improved afterward with difficulty and usually only by means which stir him deeply. Heretofore the formation of his viewpoint and standards in relation to sexual matters has been too much the result of chance impressions gathered from uninformed or evil associates, with the result that in far too many instances, misinformation and false standards obtained.

"I wish your service the greatest success in this new undertaking, and believe that the results of such success will later be shown in a lowered venereal ratio in the army.

"Very truly yours,

"M. W. IRELAND,

"Surgeon General, U. S. Army."

"MY DEAR SURGEON GENERAL BLUE:—I have great pleasure in endorsing your movement to arouse the boys between fifteen and twenty years of age to a full sense of what they owe to themselves and the country. My message to them is:

"The habits of a lifetime are formed by what you think and do each day as young men; by the companions you choose and friends you make.

"Strong bodies, firm purposes, noble ambitions are your fortune. If you throw away your health by evil ways and soil the purity of mind and body for the amusement and excitement of the moment, you are like a man spending his capital instead of investing it.

"Work hard; play hard. Keep busy; keep clean.

"W. C. BRAISTED,

"Surgeon General, U. S. Navy."

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All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

THE JUNE MEETING.

The annual meeting this year not occurring until June, the complete program will not appear in The Journal until our next issue. However, it is in order to mention some features of the program and some of the arrangements now pending.

Negotiations are under way for a special train service on the Missouri & North Ark-

ansas Railroad, leaving Kensett on the arrival of the train from Little Rock on the evening of Monday, June 7. If this effort is successful, members will be notified, and after such notification it will be necessary for those intending to go to make reservations at once, as the railroad company must have guaranty of a certain number of passengers.

The House of Delegates will convene on the morning of June 8. The General Session will meet in the afternoon. There will be the usual address of welcome and responses, and following the annual address of the president and the introduction of visitors, an address will be delivered by Dr. William Sharpe of New York on "Recent Advances in Neurological Surgery." At the same session Dr. Hugh McCullough of St. Louis will address the meeting on "Cardiac Diseases."

On the night of the same day there will be a Public Health Session, which will probably be held in one of the city churches. The public will be invited and an interesting and instructive program has been arranged. In former years these public health meetings have been very successful and have been very effective in educating the public in matters of sanitation and disease prevention, as well as in awakening the laymen generally to the importance of these matters.

A meeting of the alumnae of the University of Arkansas Medical Department will be held during the convention, the date to be announced in our next issue.

The Memorial Session on the morning of June 9, in memory of those members who have passed away during the year, will this year partake of the exercises observed by the Annual Lodge of Sorrow held by the Elks, with musical numbers in addition to the panegyrics. The society has lost by death some of the most useful and eminent of its members, and this meeting should be largely attended.

The Medical Corps Session on the afternoon of June 9 promises to be one of the most interesting of the convention. It goes without saying that a surgeon on the war front has officiated at more operations and at more unusual operations than any surgeon could attend to in a lifetime of private practice. The same is true of the experience in hospital service of those who did not get to the front, but served in base hospitals in the camps. These men can tell things worth while, and it is hoped not only all who were in the serv-

ice will be there, but that every member attending the convention will be on hand.

The papers to be presented on the third day, Thursday, June 10, will be on general subjects. Among them will be: "The Use and Abuse of Digitalis"; "The Use and Application of Carrell-Dakin Solution"; "The Value of Rest in Valvular Diseases of the Heart"; "Is Castor Oil Oxytocic?" and others pertaining to Epilepsy, Influenza, Obstetrics, Venereal Diseases, etc.

It should be added that an adequate social program will be arranged. The local physicians and the hospitable people of Eureka Springs will provide entertainment, including drives along the famous highways thereabouts. Owing to the altitude, the climate is delightful, with never an unbearably hot night; and the ladies of the delegates and visitors will be provided with special entertainment. It is to be hoped that every member of the society who possibly can attend—even at some sacrifice—will make what promises to be an altogether delightful trip.

MALARIA CONTROL.

The establishment of malaria control centers in Malvern, Lake Village, Fordyce, Crossett, and perhaps other towns in Arkansas, with control units in such towns appointed by the State Board of Health, is a matter for congratulation. Wonderful work has been done at Crossett, so much so that the Literary Digest, a publication read all over the United States, has called attention to that enterprising city as a model by which other cities everywhere should pattern. Indeed, it is said that the work in the vicinity has been so thorough that a reward has been offered to anyone discovering a mosquito there. In years gone by, with people in other states Arkansas has been almost a synonym for malaria. Of course, this was undeserved, because at all times malaria was largely confined to the low, marshy sections and did not obtain in the higher grounds. But against this reputation comes an influential journal, read chiefly, if not exclusively, by thoughtful people, with a most decided "boost" for Arkansas, as exemplified by Crossett.

Arkansas has developed rapidly and is still developing; but outside capital and desirable immigration are still essential to its further development. The desirable immigrant and capitalist look first to health statistics. The

immigrant will not bring his family to a community where health conditions are not satisfactory, nor will the capitalist invest his money in such communities. This is a point of view with which our legislators have not been fully impressed. On the contrary, the State Health Department has, in the past, been sadly handicapped by a lack of appreciation by the Legislature of the supreme importance of public health measures.

Far be it from us to discourage road building—indeed, that is to some extent a health measure; but disposing of the quagmires and unsanitary pools by roadsides, affording ideal breeding spots for mosquitoes, is vastly more important. It is in order to call attention to the vast road building projects, considered of such vital interest that special sessions are called to perfect and correct imperfect road building measures, while the public health has been imperiled by insufficient appropriations. As a matter of fact, health legislation is paramount to all other measures, and the demonstrated results at Crossett and elsewhere in the State may finally impress the Legislatures of the future with the real importance of health legislation and liberal appropriations for sanitation and conservation.

Personals and News Items.

Dr. D. C. Lee, recently of Little Rock, has located at Boydeell, Ark.

The American Proetologie Society will meet April 22 and 23, at Memphis.

Dr. J. D. McKie of Wynne has been appointed health officer for Cross County.

Dr. E. W. Prothro announces his return from the service and has reopened offices in the Urquhart Building, Little Rock.

Dr. Albert M. Elton of Yellville, and recently of Mayo Clinics, has located at Newport.

The Seventh Annual Conference of Health Officers of Arkansas met in Little Rock March 25.

Dr. and Mrs. A. G. Henderson of Imboden have returned after a delightful and restful trip to Tampa, Fla.

Dr. C. W. Garrison of Little Rock was re-elected secretary of the Arkansas State Board of Health at a recent meeting of the board.

Dr. R. M. Blakely of New Orleans, and recently from service in the M. C., U. S. Army, has located in Little Rock.

Dr. S. F. Hoge, recently from service in the regular army, has moved to Little Rock and is the pathologist for St. Luke's Hospital.

Dr. G. D. Sutton, graduate of Ann Arbor and recently of the Mayo Clinics, has moved to Little Rock and is urologist for St. Luke's Hospital.

Dr. J. C. Davis of Harrisburg has been appointed health officer of Poinsett County, to succeed Dr. R. E. Yarbrough, who died recently.

Dr. Nina V. Hardin of Fayetteville is now superintendent and medical director of the Arkansas State Farm for Women, R. 2, Box 71, Jacksonville.

Anyone having an extra copy of the May issue, 1919, Archives of Neurology, or Numbers 4 and 6, Volume I, Modern Medicine, will confer a favor by mailing same to The Journal of the Arkansas Medical Society.

Among Arkansas physicians visiting in Little Rock this month are: Dr. Sam J. Albright of Kensett, Dr. John Stewart of Booneville, Dr. William G. Hodges of Malvern, Dr. L. E. Love of Dardanelle, Dr. H. N. Street of Lonoke, Dr. W. B. Lawrence of Batesville, Dr. J. T. Clegg of Siloam Springs, Dr. F. O. Mahoney of El Dorado, Dr. C. M. Lutterloh of Jonesboro, Dr. Earl Hunt of Clarksville, Dr. John G. Cullins of Junction City.

THE RED CROSS OF SEVEN NATIONS FIGHTING TYPHUS.

With the response of the Red Cross societies of Belgium and Sweden to the appeal of Poland for aid in her anti-typhus fight, the number of Red Cross societies who are participating in the war on the disease is brought up to seven—the United States, Spain, Rumania, Portugal, France, Sweden, and Belgium.

The report of the medical mission sent by the League of Red Cross Societies to investigate typhus conditions in Poland, dwelt on the inexpediency of isolated action in dealing with the disease, and recommended concerted action. Individual nations are therefore as-

sisting the league in the effort to co-ordinate the relief activities and thus render them more effective.

The Swedish Red Cross has asked its government for a subsidy of 1,000,000 crowns to enable it to participate, and fifty cases of dressings have been sent to Warsaw by the Belgium Red Cross, and the dispatch of a party of doctors and nurses is under contemplation.

AMERICAN PUBLIC HEALTH ASSOCIATION TO CELEBRATE FIFTIETH ANNIVERSARY.

Next year the American Public Health Association will conduct its fiftieth annual meeting. An interesting circumstance is that Dr. Stephen Smith, the founder and first president of the association, will at that time be approaching his ninety-ninth birthday. Dr. Smith is still hale and hearty, and possesses his faculties to a remarkable degree. It is his intention to read a paper at the meeting referred to. His vigor at a ripe old age exemplifies the results of sane living.

The American Public Health Association was founded at New York City in 1872. Until a few years ago it remained a strictly scientific body, somewhat on the order of the royal societies of Europe. More recently the membership has been broadened so that those may join who have a more general interest in public health, including such workers as health officers, laboratory men, school medical inspectors, industrial hygienists, public health nurses, physicians interested in preventive medicine, etc.

Dr. C. W. Garrison is chairman of the Committee on Membership for the State of Arkansas. Those interested in the objects of the association are invited to correspond with him.

Members of the association receive the American Journal of Public Health and the A. P. H. A. News Letter monthly, together with the customary association advantages. Dues are \$5.00 per year.

The American Public Health Association stands as an honored institution which during the year has been tremendously influential in bringing the new methods of public health into use. Certainly no health worker can afford not to be a member, or to miss its publications.

Abstracts.

PRESENT TUBERCULOSIS PROBLEMS.

In an unusually well-written paper, Stewart of Ninette, Manitoba, discusses tuberculosis problems under the subdivisions, "Doctrines, Conditions, and Needs." Tuberculosis is more a social than a medical problem; less a disorder of the individual than a disorder of the community. Its occurrence in the individual depends upon all conditions which enter into his life. Its development out of social conditions connects it up with every movement for the betterment of living conditions; and in thinking about it, nothing in a community is without relevance or interest. The stresses of army life have broken down many soldiers; but this has been balanced to some extent by the number of those who have been actually improved by the drill, regular life and outdoor work of the army. Asphyxiating gases have not aroused tuberculosis. The good results of the war have been a better understanding of the disease, more accurate diagnosis, a more general resort to treatment in early cases, more and better equipped institutions for treatment, a juster idea of the tuberculous man's place in the community, and a fuller utilization of even the definitely tuberculous man for service. The most crying need is information that shall convey the truth about tuberculosis.—Stewart, David A.: Tuberculosis Problems of Today—Doctrines, Conditions, and Needs. *American Review of Tuberculosis*, March, 1920, Vol. IV, No. 1, p. 1.

New and Nonofficial Remedies.

ANESTHESIN-CALCO.—A brand of benzocain complying with the N. N. R. standards (see New and Nonofficial Remedies, 1920, p. 33). Calco Chemical Company, Bonndbrook, N. J.

PHENACAIN—WERNER.—A brand of phenacain complying with the N. N. R. standards. Werner Drug & Chemical Company, Cincinnati, O. (*Journal A. M. A.*, March 27, 1920, p. 889).

OVARIAN RESIDUE—HOLLISTER - WILSON.—The residue from the fresh ovary of the hog, after the ablation of the corpus luteum. It is used for the same conditions as the entire ovarian substance (see New and Nonofficial Remedies, 1920, p. 201), but is claimed to be somewhat more stable. Hollister-Wilson Lab-

oratories, Chicago (*Journal A. M. A.*, March 6, 1920, p. 675).

GONOCOCCUS VACCINE (POLYVALENT) (GILLILAND).—A gonococcus vaccine (see New and Nonofficial Remedies, 1920, p. 283) prepared from a number of strains of *M. gonorrhea* Neisser. Marketed in packages of four syringes containing, respectively, 250, 500, 1,000 and 2,000 million killed gonococci; also in packages of four 1-cc. ampules containing, respectively, 250, 500, 1,000 and 2,000 million killed gonococci. The Gilliland Laboratories, Ambler, Pa.

PHENACAIN.—Holocain hydrochlorid. The hydrochlorid of phenetidyl-acetphenetidine, a basic condensation product of part phenetidin and acetparaphenetidin. Phenacain was first introduced as holocain hydrochlorid. It is a local anesthetic like cocain, but having the advantage of a quicker effect and an antiseptic action. Five minims of a 1 per cent solution when instilled into the eye are usually sufficient to cause anesthesia in from one to ten minutes.

Propaganda for Reform.

STANNOXYL.—On the assumption that tin workers were less troubled with boils than the average person, two French investigators proposed the use of tin compounds in the treatment of staphylococcus infections. Based on their work, a proprietary preparation—Stannoxyll—has been placed on the market with the claim that it is "composed of stannous oxid and specially purified metallic tin." Absurdly extravagant and unwarranted claims are made for the product (*Journal A. M. A.*, March 6, 1920, p. 692).

MORE MISBRANDED DRUGS.—Boericke & Runyon's santolin and calomel tablets, acetanilid and quinin compound tablets, potassium iodid tablets, and morphin sulphate tablets did not contain the claimed amount of drug, and some aspirin tablets contained no aspirin. Sulferro-Sol was falsely claimed to cure pellagra, dyspepsia, indigestion, etc. Santal Pepsin Capsules was falsely claimed to be a specific for all bladder trouble, gonorrhea, gleet, inflammation of the ovaries, rheumatism, Bright's disease, and a number of other conditions (*Journal A. M. A.*, March 20, 1920, p. 818).

HEPATOLA.—This was declared a fraud by the Federal authorities in 1917, and the Hepatola Company was denied the use of the United States mails. It is still being sold in Canada. Hepatola is one of the many treatments claimed to remove gall-stones. Analysis showed Hepatola to be the same old gall-stone trick—that of giving the patient a large dose of some bland oil and following it up with a saline. The soapy concretions that are voided following this dosing are the “gall-stones.” Hepatola is essentially the same as “Fruitola” and “Mayr’s Wonderful Stomach Remedy” (Journal A. M. A., March 13, 1920, p. 752).

GREEN’S DROPSY REMEDY.—This treatment is sold on the mail order plan and comes in the form of large balls or boluses, some smaller balls or boluses, and, in some cases, includes “Tonic Tablets.” The balls are taken, followed by substantial doses of magnesium sulphate. The A. M. A. Chemical Laboratory reports that the boluses, large and small, appear to contain powdered squill as their chief medicinal ingredient. The laboratory further reports that the “Tonic Tablets” contain an iron salt, probably dried ferrous sulphate, as the chief medicinal ingredient. Obviously, there must be no small amount of danger for a person in a dropsical condition to dose and drastically purge himself. The product is one that has no legitimate place among home remedies (Journal A. M. A., March 6, 1920, p. 689).

PLATT’S CHLORIDS.—The Council on Pharmacy and Chemistry reports that Platt’s Chlorids is inadmissible to New and Nonofficial Remedies because its composition is uncertain and misleading. The A. M. A. Chemical Laboratory analyzed a specimen purchased in 1911 and one purchased in 1919, and reports that while both contain aluminum salt and zinc chlorid, they differ considerably in composition and the latter contains a very small amount of mercuric chlorid. In the past, the advertising for Platt’s Chlorids has suggested more or less directly that, as chlorinated lime (bleaching powder) may be made to give off chlorine gas which disinfects, so the air in a room may be disinfected by evaporating Platt’s Chlorids. From the analysis of Platt’s Chlorids, it is evident that when the preparation is evaporated under ordinary conditions, only water vapor escapes. Whatever disin-

fecting or germicidal action the preparation may possess is exercised only when the solution is brought in direct contact with the substance to be disinfected. The aluminum and zinc salts present may be useful as deodorants, but they are not effective as germicides. The small amount of mercuric chlorid is hardly to be considered as materially increasing its efficiency (Journal A. M. A., March 27, 1920, p. 903).

Obituary.

DR. F. M. MOSELY.—Dr. F. M. Mosely of Huntington died March 29, 1920; age 60.

DR. J. B. SHAW.—Dr. J. B. Shaw of Sheridan died March 23, 1920; age 72.

DR. A. C. STANLEY.—Dr. Adlia C. Stanley of Tillar died March 24, 1920; age 68. He is survived by his wife and one son.

DR. L. J. GILLESPIE.—Dr. Leroy J. Gillespie of Hope died March 7, 1920; age 72. Dr. Gillespie was born in Tennessee, September 1, 1853; graduated from Washington University in 1875. He practiced in Hempstead County since graduation and was a charter member of the County Medical Society.

County Societies.

CONWAY COUNTY.

(Reported by H. E. Mobley, Sec’y.)

Conway County Medical Society met in Morrilton at 2:30 p. m., March 30, 1920. The following officers were elected to serve during 1920: Dr. B. C. Logan, Morrilton, president; Dr. A. L. Goatcher, Plumerville, vice president; Dr. H. E. Mobley, Morrilton, secretary-treasurer. Dr. A. L. Goatcher was elected delegate to the State Association, and Dr. A. R. Bradley of Morrilton was elected alternate.

Dr. Robert Caldwell of Little Rock, Councilor of the Eighth District, was present and delivered a very interesting talk on benefits

of organized medicine. He also presented a number of very interesting cases.

The society enjoyed Dr. Caldwell's talk very much and his presence stimulated a renewed interest in the society, and we hope in the future to have one of the best societies in the state.

Book Reviews.

THE PRACTITIONER'S MANUAL OF VENEREAL DISEASES, WITH MODERN METHODS OF DIAGNOSIS AND TREATMENT.—By A. C. Magian, M. D. Published by C. V. Mosby Company, St. Louis, Mo., 1919. Price, \$3.00.

This manual has been written for the purpose of giving a concise outline of the diagnosis, symptoms and treatment of venereal diseases. It considers only gonorrhea, chancroid and syphilis.

QUARTERLY MEDICAL CLINICS.—A series of consecutive clinical demonstrations and lectures, by Frank Smithies, M. D., Augustana Hospital, Chicago. Vol. I, No. 2. Published by Medicine and Surgery Publishing Company, St. Louis, Mo. Price, \$1.50. Annual subscription, \$5.00, paper; \$8.00, cloth.

Thirteen interesting cases are described in this issue, listed according to symptomatology and diagnosis. Of unusual interest are the patients illustrating ailments complicating epidemic influenza, "flu."

THE SYSTEMATIC DEVELOPMENT OF X-RAY PLATES AND FILMS.—By Lehman Wendell, B. S., DD. S., Chief of the Photographic Work and Instructor of Prosthetics and Orthodontia, College of Dentistry, University of Minnesota. Illustrated. Published by C. V. Mosby Company, St. Louis, Mo., 1919. Price, \$2.00.

This book describes in nontechnical terms the correct methods in development of the x-ray film or plate. The book closes with a chapter on "Lantern Slide Making."

THE PRACTICAL MEDICINE SERIES, comprising eight volumes on the year's progress in medicine and surgery, under the general editorial charge of Charles L. Mix, A. M., M. D. Volume II.

GENERAL SURGERY.—Edited by Dr. Albert J. Oschner, Chicago. Series 1919. Published by The Year Book Publishers, 304 S. Dearborn Street, Chicago.

This volume is especially rich in material that has been produced by the splendid surgeons who have worked with the allied armies. Practically the entire field of war surgery has been considered, which makes this book of unusual value.

NERVOUS AND MENTAL DISEASES.—By Archibald Church, M. D., Professor of Nervous and Mental Diseases in Northwestern University Medical School, Chicago; and Frederick Peterson, M. D., formerly Professor of Psychiatry, Columbia University. Ninth

edition, revised. Octavo of 949 pages, with 350 illustrations. Published by W. B. Saunders Company, 1919. Price, cloth, \$7.50 net.

This is a carefully prepared text-book on neurology and psychiatry. Presenting the facts clearly, directly and with brevity. It has been written for medical students and general practitioners. Dr. Church contributes on "Nervous Diseases," and Dr. Peterson on "Mental Diseases."

THE MEDICAL CLINICS OF NORTH AMERICA.—Volume 3, No. 2 (New York number, September, 1919). Octavo of 270 pages, with thirty-five illustrations. Published bi-monthly by W. B. Saunders Company, 1919. Price per year: Paper, \$10.00; cloth, \$14.00.

This number is made up of thirteen different clinics of various New York hospitals. Dr. G. R. Pisek, Post-Graduate Hospital, describes the "Common Disorders of Childhood"—constipation: chronic constipation in infancy; treatment in nurslings; constipation in the bottle-fed; full discussion of treatment with illustrative cases. Rhinitis, "coryza;" treatment. Enuresis; treatment and management; illustrative cases.

A TEXT-BOOK ON HUMAN PHYSIOLOGY, INCLUDING A SECTION ON PHYSIOLOGIC APPARATUS.—By Albert P. Brubaker, A. M., M. D., Professor of Physiology in the Jefferson Medical College, Philadelphia. Sixth edition, revised and enlarged, with 356 illustrations. Published by P. Blakiston's Son & Company, 1012 Walnut Street, Philadelphia, 1919. Price, \$4.25.

This splendid work presents the more important facts of physiology in a form which is believed will be helpful to physicians and to students in medicine. Such facts have been selected as will not only elucidate the normal functions of the tissue and organs of the body, but which will be of assistance in understanding their abnormal manifestations as they present themselves in hospital and private work.

THE MEDICAL CLINICS OF NORTH AMERICA.—Volume III, No. 3 (the Mayo Clinics number, November, 1919). Octavo of 296 pages, and seventy-nine illustrations. Published bi-monthly by W. B. Saunders Company, 1920. Price per clinic year: Paper, \$12.00; cloth, \$16.00.

Among the many interesting clinics given in this number, we particularly wish to comment on the delightful and pleasing description of the cases in the clinic of Dr. Stokes. Space will only permit a list of the cases he presents:

1. A case of Early Lepra.
2. Solitary Cutaneous Nodular Recurrences as Aids in the Diagnosis of Obscure Visceral Syphilis.

3. Three cases illustrating the Diagnosis and Treatment of Syphilitic Involvement of the Nervous System.

4. The Etiologic Analysis of a Chronic Urticaria Following Influenza Vaccination.

5. Interstitial Keratitis in Heredisyphilis Following Influenza, with comment on Treatment.

6. The Protection of the Kidney in Intensive Anti-Syphilitic Treatment, with Special Reference to the Influence of Dental Focal Infections.

PELLAGRA.—By H. F. Harris, M. D., Atlanta, Ga. Published by the MacMillan Company, 66 Fifth Avenue, New York, 1919. Price, \$5.00.

This volume presents the following chapters: I, History of Pellagra; II, Causation; III, Pathological Anatomy; IV, Symptomatology; V, Diagnosis; VI, Prognosis; VII, Prophylaxis; VIII, Treatment; IX, Relationship of Pellagra to Life Insurance; Appendix.

In the life of the author's investigation he tentatively and with the greatest diffidence offers the following formula as a definition of our present knowledge of the etiology of pellagra: "Pellagra is an extremely chronic endemic affection of temperate and subtropical countries, *i. e.*, where Indian corn is grown

and much eaten. While the malady has been generally thought in the past to be the consequence of inanition, the result of an inadequate diet, it has been more recently regarded as the effect of the habitual consumption of Indian corn, and possibly in rare instances of eating other starchy foods that have been acted upon by low vegetable forms; if this theory should be found to be correct, the disease is probably more directly the result of the action of certain phenol poisons, produced by moulds while growing in these cereals, and possibly of albuminoids and ferment toxins contained in sound maize, all of which together, acting from one generation to another, and not unlikely intensified by bad hygienic conditions and insufficient and imperfect food, ultimately culminate in a frank outbreak of the classical symptoms of this disease. Finally, it cannot be too strongly urged that the malady is probably always hereditary, no person ever in his lifetime eating enough maize to produce the disease."

In the treatment of pellagra the author recommends the administration of good food, combined with rest in bed, out of doors if possible, and good nursing.

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A NEW WORK

Overton and Denno's Health Officer

This book contains the information the average health officer must have in order to discharge his duties. It tells him what to do, *how to do it*, and *why* he should do it. It describes the various activities in which a health officer engages; his relation to boards of health, physicians, social agencies, and the public; his qualifications and methods of work; the various diseases and unsanitary conditions with which he deals, and the scientific principles upon which preventive medicine is founded. There are chapters on organization and powers of a health department, the health officer himself, local boards, relation of the public and of the physician to the health officer, rural work, records and reports, public health nursing, bacteriology, immunity, epidemiology, communicable diseases, milk, food sanitation, sanitary engineering, disposal of wastes, water supply, ventilation, industrial hygiene, camp sanitation, child hygiene, life extension.

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THE JOURNAL

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No. 12

Original Articles.

FOCAL INFECTIONS—THEIR RELATION TO SOME PATHOLOGIC CONDITIONS OF THE ORGANS OF SPECIAL SENSE.*

By L. Herbert Lanier, M. D.,
Texarkana.

The transmutation of microorganisms in 1913 was a theory brought to light by Rosenow, but today its etiological and pathological importance is recognized by physicians everywhere. No one who has investigated the subject, or who has read the vast amount of clinical data recorded with reference to focal infection, doubts that it bears a vital relation to general and remote local affections.

Whether all investigators agree with Rosenow or not, no one has successfully contradicted through scientific experimentation his findings. In this line of work my experience and observation has been confined almost altogether to focal infection of oral origin.

Remember that streptococci, when grown in symbiosis with other bacteria under a low oxygen pressure, usually acquire new features, and that they may undergo marked changes on passage through animals. Hence, the infection found in the tonsils, various sinuses, and about the gums and teeth through this change, may attain such a grade of virulence as to show marked affinity for the mucous membrane of the stomach, the pelvic mucous membrane, portions of the kidneys and the gall-bladder. Rosenow says: "Ulcer of the stomach ascending nephritis, cholecystitis, with beginning formation of gall-stones, caused by streptococci, have been found repeatedly in rabbits and dogs injected with strain, especially after one or more animal passages."

The mutation of pathogenic microorganisms in the human body is caused principally by reason of the fact that the foci are present for long periods, creating the essential element necessary to produce through a change a more virulent strain.

It is the so-called blind abscesses, the granulomata, which seldom give rise to noticeable symptoms that favor the continuance of bacteria in these foci, which gradually increase in size as surrounding bone absorption takes place, that may so often be held accountable for remote chronic diseased conditions.

Focal infections of this character bear an important relation to endocarditis, iritis, myocarditis, rheumatoid arthritis, ulcer of the stomach, disease of the kidneys, or anemia, leukemia, and other blood disturbances.

Pathological manifestations in the brain, spinal cord and nerve structures, as well as other diseases of unlimited extent, may be due to focal infection.

In an unselected group of 329 ward patients in Cook County Hospital, Dr. Irons, assisted by dental surgeons, found 124 patients suffering with infectious processes of oral origin. In 44 per cent alveolar abscesses were found; nephritis and cardiovascular disease in 47 per cent. In the arthritic group 76 per cent had alveolar abscesses; abnormalities in tonsils, 45 per cent; chronic infections of sinuses, 21 per cent.

Duke, in the examination of one thousand medical cases, on account of miscellaneous systemic complaints, found 72 per cent of those having a considerable degree of oral sepsis, suffering with other chronic infections.

Ulrich found in experiments on a large number of cases, that 61 per cent of all artificially devitalized teeth had apical abscesses; and the number of abscesses on 1,350 teeth, including those due to caries and trauma, was 83 per cent.

Imperfect root-canal filling and the introduction of septic material into the teeth by

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

dentist is responsible for a high per cent of oral infections.

In cases when doubt exists as to whether the root canals have been properly filled, a radiogram should be taken. Of the many pathogenic organisms found in mouth infections, dento-alveolar abscesses and granuloma, the streptococcus is the most often found.

Hartzell and Henrici found in 162 cases that 150 yielded streptococci. They report inoculation of twenty-four rabbits with streptococcus viridans, isolated from apical abscesses, with the following results: Heart lesions were found in 5; kidney lesions in 7; those of the aorta in 3, and of joints 2.

Rosenow says: "Every devitalized tooth root is necessarily a menace, especially where root-canal filling is imperfect."

What is true of dento-alveolar abscesses as a menace to general health, is also true in regard to roots of teeth affected by pyorrhea alveolaris.

Pyorrhea is often associated with general disease, especially kidney lesions, and it is safe to infer that in most cases that the general disease is the result of the oral condition, and when the progress of the pyorrhea cannot be sufficiently checked to prevent continuance of infection from that region, then the removal of the teeth is the only safe procedure.

No more important subject than "focal infection of oral origin" will engage our attention for a long time, and the physician and dentist who fails to grasp its importance will make a great mistake. Dentists from this time on must be prepared to properly treat pyorrhea, and amputate the apical end of the root of a tooth, and successfully practice conductive anesthesia or nerve-blocking.

Chronic nose and throat abnormalities, enlarged diseased tonsils, adenoids and nasal sinusitis, "coeds" tonsillitis, quinsy, rheumatism, influenza phthisis, and other profound infections intoxications, may result from focal infection of oral or other origin, and they may in turn be responsible for exophthalmic goiter or other diseases of a serious nature, thus creating a "vicious circle."

Capt. F. L. Pleadwell cites an early reference in medical literature to the relation between focal infection and arthritis in Dr. Benjamin Rush's book, "Medical Inquiries and Observations," appearing under the caption, "An Account of the Cure of Several Diseases by the Extraction of Decayed Teeth." This was 118 years ago. Dr. Rush says:

"Some time in the month of October, 1801, I attended Miss A. C., with a rheumatism in her right hip joint, which yielded for a while to the several remedies for that disease. In the month of November it returned, accompanied with a severe toothache. Suspecting that the rheumatic affection was excited by the pain in her tooth, which was decayed, I directed it to be extracted. The rheumatism immediately left her hip and she recovered in a few days.

"I cannot help thinking that our success in the treatment of all chronic diseases would be very much promoted by directing our inquiries into the state of the teeth in sick people, and by advising their extraction in every case in which they are decayed. It is not necessary that they should be attended with pain, in order to produce diseases, for splinters, tumors and other irritants before mentioned often bring on disease and death, when they give no pain and are not suspected as causes of them."

Dr. Rush's observations are confirmed by our own. In my case records I find I have treated four patients suffering from acute circumscribed external otitis, who were at frequent intervals afflicted with this troublesome condition. Two were cured with autogenous vaccines, and the other two only yielded and were cured when badly decayed upper molars were extracted. The two latter, I am sure, were typical examples of focal infection resulting from foci around the teeth.

I found in a rather intimate association with several hundred dentists at Camp Greenleaf, that they are cognizant of the importance of this subject, and are willing to co-operate with physicians in an effort to cure all cases of focal infection of oral origin.

The epoch-making advances in recent years in the field of focal infections point to the tonsils as the chief factor.

Some interesting clinical phenomena has been associated with the toxic properties of tonsils, and I predict that a fuller appreciation of its importance will come to those who try to obtain a clearer conception of what share the tonsils have in focal infections, for the tonsils must be recognized as the greatest potential menace to health that is harbored within the human body.

The diseased tonsil harbors within its crypts recurrently or continuously various and manifold pathogenic organisms, the most constant

as well as most virulent of which are the streptococci, with their variable cultural characteristics. By the term "diseased tonsils," I do not mean to include those involved in acute infections nor those affected by neoplastic changes.

These harbors of infection with or without local manifestations, with or without local subjective symptoms, affected or infected adjacent or distant organs, membranes and tissues, were long ago suspected by various clinicians as the cause of disease and infections elsewhere in the body, but the intricacies of transmission remained to be explained by the combined studies of our present-day bacteriologists.

Dr. J. Leslie Davis, of Philadelphia, says:

"All observations in my own experience regarding the tonsils as the focal infecting source of numerous diseases are but corroborative of the investigations and declarations of Beck, Billings, Barnes, Cecil Loeb, Rose-now, Sluder, Brown, Layman and others.

"To say that today we know that rheumatism, arthritis, pericarditis, endocarditis, nephritis, neuritis, appendicitis, cholecystitis, adenitis, iritis, and even cases of headache, various forms of neuralgias, gastric and intestinal indigestion and intestinal autointoxication, may be purely secondary to a focus or to foci of infection located elsewhere in the body, of which the faucial tonsils are the most frequent location, is to make a statement which can be demonstrated clinically and substantiated bacteriologically."

For the various systemic infections and toxemias that we so often see, a remedy is provided, usually through eliminating all foci of infection in or around the teeth or through the enucleation of diseased tonsils.

The greatest harm to the individual from diseased tonsils, or decayed teeth, pyorrhea, etc., is from transmitted infections to other organs or structures, or else through toxic absorption, or the weakening of normal resistance to those infections.

Thorough and skillful enucleation of diseased tonsils and the removal of foci of infection in and around the teeth is the only way to cure and prevent all pathologic involvement of organs, tissues and membranes elsewhere in the body due to them, regardless of all the other surgical measures and the administration of drugs to accomplish this purpose.

JOINT DISCUSSION

Papers by Drs. Lanier and McCurry

Dr. R. H. T. Mann (Texarkana): I want to say just a few words on this very important subject. The question of focal infection can hardly be too much emphasized. I don't mean of the tonsils only, but of the gall-bladder, the urethra, the appendix, or any other part of the body. I fear a great many more patients than we realize suffer from focal infection and suffer from diseases such as iritis rheumatism, nephritis and all of that class of diseases. The first thing to do is to get an accurate diagnosis. That means thorough examination of the nose and throat, an x-ray of the sinuses and an x-ray of the teeth; and I want to say that it does no good to send the patient to the dentist to ascertain whether or not they have diseased teeth. You are making a mistake when you do that. You can take the dentist in with you; but, unless your dentist is either a splendid roentgenologist himself or is working with someone who is, you will make an absolute mistake if you send these patients to the dentist rather than to a roentgenologist.

You want to send the patient to a man who tells you whether or not this patient is suffering from an abscess at the root of the teeth, and the roentgenologist is the only man that can tell you. The dentist will get it right in about 65 per cent of the cases and will miss it in 35. That is just about the status at this time.

No patient suffering from an inflamed eye, like iritis, or nephritis, or rheumatism, should be dismissed from a doctor's office until a thorough examination has been made, and the seat of the trouble is located.

It is true this is an expensive proposition. It costs lots of money to get a patient examined in that way; but I want to tell you that that is a cheaper examination than to look over a patient casually and tell him to go on home, and give him a little medicine, and then let him suffer all through the years. It is cheaper to pay the price and get a good examination at the start.

It is no use to report histories. I could tell you from now until doomsday about the history of these cases. I am going to tell you one or two, and that will suffice.

A doctor's daughter had been to Hot Springs and had taken the baths for a pain in her back. She had been to Johns Hopkins, and to relieve the pain had a plaster cast put on her back, thinking that she probably had tuberculosis of the spine or something of that kind. The seat of the infection in that young lady's case was her tonsils. She came home and met a friend who had had her tonsils removed and got well. She tried the same experiment on herself (or she thought it was an experiment), and was willing to give up her tonsils. For several years now she has not known a pain. She has been perfectly well. Is it worth it?

May I report just one more case? A woman was treated for four years, thinking that she was going blind with opacities in her cornea; first in one eye, and then in the other. She came to me. Somebody had been impressing on me the importance of focal infection. And I said, "Have your teeth examined." She said, "My teeth are sound." We had nobody in Texarkana well qualified to make an x-ray then. I said, "Go to Shreveport (the nearest place) and get an x-ray of your teeth." She said, "I think my teeth are sound." She had a tooth with a gold crown. I want to tell you to beware of a gold crown in the teeth. It may not be causing any trouble; but a gold-crowned tooth is one that you must beware of. I said, "You go to Shreveport and have an examination of these teeth." She said she didn't want to go.

She finally got to thinking about that tooth, and she had the first tooth extracted and found an abscess at the root. She then had others extracted and found several abscesses. I told the woman, "Quit having your teeth extracted. You will have no teeth left." She said, "I am afraid there may be something wrong with them." And I had a hard time stopping her. She had taken cacodylate of sodium, and had a Wassermann; she didn't have any syphilis. The pain in her back and the inflammation in her eyes are gone. She is a well woman.

Now, those are just two cases. And I must emphasize this—that every last one of these patients should be examined.

There was a doctor who could not get life insurance; he was turned down twice by a life insurance company; he had kidney disease. The focus of infection was found in his tonsils, he got well of his kidney disease and passed his life insurance examination. Now, that's his own statement. It is a question that we cannot overemphasize. It is a question, however, that demands accurate diagnosis; because it won't do to take out everybody's tonsils that comes around, or pull everybody's teeth who has rheumatism, or go into everybody's sinus who has rheumatism, or remove every appendix or every gall-bladder, or treat every urethra. It is not necessary for that, but the thing to do is, first, to get an accurate examination, and know where you are, and then you can cure your patient.

Dr. T. J. Woods (Evening Shade): This important subject has been thoroughly discussed, and I imagine that the audience is pretty well satisfied with it. But, occupying the position that I do at the present time, as field agent for the Arkansas State Board of Health, and traveling over parts of the State, perhaps likely to go to any part of the State in my work, and, as the subject is such an important one for the health officer in the matter of prophylaxis, I cannot refrain from making a few remarks.

Now, I will just relate some of my observations and experiences. In the first place, I want to add something to the testimony that has been set up by these gentlemen in regard to what is accomplished by the removal of the tonsils. Some ten or twelve years ago, a young lady of 22 or 23 was brought to me, thought to be in the last stages of consumption. Her mother died of tuberculosis just two or three weeks previous to that time. It was a pitiful case, and seemed really in the last stage of consumption. I noticed that the tonsils were very badly diseased, and I removed them. Ten years afterward, when I saw her again, she was married and in robust health. Now, I do not attempt to say that the tonsils caused the tuberculosis. Perhaps she didn't have tuberculosis; there was no scientific diagnosis made; but it serves to show what the removal of the tonsils will do in some cases.

In my work as field agent, I have visited three counties and made what I consider an intensive sanitary survey, not only of the public school buildings and surroundings, but of the physical condition of the children. I have examined the children in two state institutions, two orphans' homes, and the high schools in one of the leading counties. I studied the statistics given out by the United States Public Health Survey in regard to school children, in which it states that 75 per cent of the children are affected by diseases of the eye, ear, nose and throat. I found that those statistics, according to my judgment, were exceeded very considerably. Ninety per cent of those children had infected conjunctivas, 40 per cent had enlarged tonsils, and 75 per cent had diseased tonsils.

We have a duty in not only curing these conditions, but in prevention. I implore the doctors of Arkansas to enlist in the work of prophylaxis as well as in the treatment of the disease.

Dr. Lanier (in response): Dr. McCurry referred to the word transmutation. It was employed in these cases first by Rosenow to mean a change, and he applied it in this sense to streptococci of various strains and various degrees of virulence, and through the process of symbiosis—that is, growing germs in the presence of a low oxygen pressure, the germs take on a different form. The germs will also have taken on a different degree of virulence; different strains. And, transmutation means, you may say, a change from a germ life to a small degree of virulence to that of an excessive degree of virulence. That is found only where you can have a low oxygen pressure, which you will have in old abscesses and in sinuses. That is the reason that we so frequently get it in foci infectious conditions; because of the fact that the germ life—and it is almost always due to a streptococcal infection—undergoes a change in its degree of virulence. Therefore, there is a germ transmutation. Certainly none of us can deny the presence of focal infection in many cases that come to us.

It has been my pleasure to see some of Rosenow's work, and it is certainly interesting to see him put men down in rows, and label this man No. 1 and this guinea pig No. 1, and this patient No. 1, and guinea pig No. 2. If one man has endocarditis and also has an associated chronic infection of the tonsils or the teeth, he can remove part of that tonsil and make an emulsion and inject it into the guinea pig No. 1 and get the same identical lesion in the guinea pig as was found in his patient; whether it be endocarditis, cholecystitis or any condition very far removed from the seat of the original infection.

I find in my work particularly that many ear troubles, especially circumscribed otitis media, external otitis media, and some cases of otitis media, and even labyrinthine trouble, is due in many cases to focal infection. At least, it is thought that it is. We see it in iritis, in rheumatism, and in so many conditions so apparent to all, that it is only a question of how we shall meet these conditions, which, after all, depends upon our facilities for diagnosing and handling these cases.

I HAVE FOUND IT.

Now, don't wait to be urged and then followed up, nagged and teased to the last minute to attend the annual session at Eureka Springs. Make up your mind now. Our meeting place is situated in the heart of the Ozarks, the most scenic and picturesque portion of America. See Arkansas first. We have not the gift of eloquence to describe all the many attractions offered; they must be seen to be appreciated. The cool air from off the mountains will invigorate you; then, again, we shall need your presence to enliven the exercises. If everyone said, "Well, I guess they will not miss me," the result would be disastrous. This year those without the "wedding garment" may come in overalls and be in the height of fashion. Seriously, we expect a very helpful and interesting meeting, and if you stay at home you will miss a great opportunity for self-improvement, the renewal of acquaintance and cultivation of the spirit of harmony, co-operation and good fellowship.—F. S. O.

FOCAL INFECTIONS.*

By W. T. McCurry, M. D.,
Little Rock.

Systemic or general disease due to a local infection is a conception as old as medical knowledge.

Long before the development of bacteriology there had been noted many examples of general disease arising from trivial and serious accidental and surgical wounds. The general disease was, as a rule, characterized by chills, fever and general debility, and was often fatal. The cause was thought to be contamination of the wound or focus with some substance which caused putrefaction. Hence, the resulting general disease was called septic. The so-called laudable pus of an uneventful healing wound, when contaminated with putrefactive poison, changed in color, fermented, acquired a bad odor, and, gaining entrance to the blood stream, caused pyemia or septicopyemia.

A focus of infection may be defined as a circumscribed area of tissue infected with pathogenic microorganisms. Foci of infection may be primary and secondary. Primary foci usually are located in tissues communicating with a mucous or cutaneous surface. Secondary foci are the direct result of infection from other foci through contiguous tissues or at a distance through the blood stream or lymph channels.

Primary foci of infection may be located anywhere in the body. Infection of the teeth and jaws, with the especial development of pyorrhea dentalis and alveolar abscess, infection of the faucial and nasopharyngeal tonsils and of the mastoid, the maxillary and other accessory sinuses are the most common forms of focal infection.

The faucial tonsils are frequently infected through contaminated air, infected food, especially milk, and by direct contact with infected individuals. Many children have large tonsils and overgrowth of other lymphoid structures of the pharynx which make a good soil for bacterial growth. Hypertrophy of the tonsils and adenoid overgrowth in the nasopharynx interfere with respiration, resulting in deformities of the bones of the face and thorax. Obstruction of the upper air passages prevents proper drainage from the nasal

cavities and accessory sinuses and leads to infection of the middle ear, the sinuses of the head and the mucous membrane covering the turbinate bodies. In adult life, small faucial tonsils may look innocent because of a growth covering of mucous membrane which seals over infected crypts or an actual abscess. So, too, the stumps of tonsils, the remains of tonsillotomy, may contain infected crypts sealed by the operative scar.

Infected tonsils and adenoids may yield cultures of streptococcus, streptococcus viridans, streptococcus hemolysans, micrococcus diphtheria and pseudodiphtheria bacilli and other pathogenic microorganisms. The tonsils and surrounding lymph tissues may be a focus of tuberculosis from which lymph nodes of the neck and mediastinum may become infected. Smith and Barrett (3) found endameba buccalis in the tonsils of five of seventeen patients. The presence of endamebas in the tonsils would probably favor deep pyogenic infection.

The most frequent bacterial causes are strains of streptococci, pneumococci, micrococcus catarrhalis and influenza bacilli—less frequently staphylococci. In chronic sinusitis, often unrecognized, various pyogenic bacteria occur with the occasional presence of colon bacilli, the bacillus welchii and various saprophytic organisms. Sinus infection is frequently chronic because of faulty drainage. When chronic, it may present local symptoms only when a new "cold" is acquired.

We have considered the causes, character and diagnosis of focal infection; the mode of systemic infection from the focus; the important fact of transmutation within the members of the streptococcus-pneumococcus group, with coincident variations of specific pathogenicity and virulence.

It is not necessary to consider the controversies which have taken place concerning the bacterial cause of rheumatic fever. There is now no doubt that the diplococcus, also called by other observers micrococcus rheumaticus and streptococcus rheumaticus, isolated from the blood and joint fluids, throat and endocardial nodes of patients suffering from rheumatic fever by Poynton and Paine, confirmed by Beattie, Walker and Ryffel and finally and conclusively by Rosenow, is the true infectious cause of the disease.

To demonstrate my subject, I will report the following cases from my record:

*Read before the Arkansas Medical Society, at the Forty-third Annual Session, Little Rock, May, 1919.

Not long since, Mrs. R. was referred with the history of having neuritis of nerves of neck and arm and enlarged, painful joints of feet, and with a history of obstinate constipation of several years' standing. Upon examination of the faucial tonsils they were found to harbor foci of infection, and this despite the fact that the patient said she did not remember ever having tonsillitis, except one recent slight attack. In addition to the symptoms given above, Mrs. R. complained of general indisposition and queer little rheumatic pains quite generally over the body. In less than a month after the enucleation of the tonsils, all of the above symptoms passed away and the patient, who had lost considerably in weight, gained over ten pounds. She especially emphasized the fact that in a week's time she had been completely relieved from the obstinate constipation.

It has been found that sometimes the tonsillar infection becomes latent and produces, months later, very serious trouble at points far away from the original site. The patient makes a recovery from the acute tonsillitis, but there is often latent foci of infection remaining deep in the crypts of the tonsil and the evidence of infection may not occur for months, or even years, after the acute sore throat. Given, then, a case with symptoms of systemic infection, it is up to the physician to inquire into the history of sore throat at any time previous. It is not necessary that the patient complain of recurrent attacks of tonsillitis or any degree of throat soreness; and it should also be remembered that objective evidences of acute as well as chronic tonsillitis are present not infrequently, when the patient gives no previous history or does not at the time complain of sore throat. Even in cases with no previous history of tonsillitis abscesses are at times found in the tonsil at operation. About six months ago a little girl of nine years was brought to me by her father for careful examination of nose and throat, the father saying the child had always been "puny" and unlike other children; did not play much; was easily fatigued; but he gave no history of tonsillitis. A careful examination revealed only a slight involvement of the nasopharyngeal tonsil, and, as far as I could determine, there was no objective involvement of the lingual or faucial tonsils; but the history, the appearance of the child, the presence of chronic cervical adenitis, suggested focal

infection, and by the process of exclusion the focus was presumed to be in the faucial and nasopharyngeal tonsils and tonsillectomy and adenectomy advised. During the enucleation an abscess in one tonsil broke and a small amount of bad-smelling liquid pus escaped into the throat. This was swabbed out as quickly and as thoroughly as possible, but the child was very ill for a week or more following the operation. For several days she had high fever, rapid pulse, and presented a picture of marked sepsis. The little girl is now well and strong, plays like other children, and has gained very materially in weight.

It has been my observation that in a very large per cent of infected tonsils there is associated cervical adenitis. Gardiner claims that in about 80 per cent of chronic cervical adenitis in which no obvious source of infection is present, the tonsils are infected.

The following case records improvement in a thyroiditis from tonsil enucleation:

Miss P., trained nurse, had had tonsillitis and quinsy at times most of her life. She complained of malaise, soreness in muscles, was anemic, had arthritis from time to time, there was a dull aching in the thyroid gland, tendency to syncope and heart palpitation when tired. Upon examination the tonsils were found to be cryptic, small, submerged, and harboring foci of infection. There was a thyroiditis. The neck measurement over the thyroid was fifteen and one-half inches. The tonsils were enucleated nearly two years ago and favorable results were reported after a few weeks following the operation. At the present time the patient reports freedom from all symptoms given at time of operation and the neck measurement has decreased to fourteen inches.

The next case I wish to report illustrated the effect of tonsillar focal infection upon the digestive tract:

Mrs. M., aged 36, housewife, about a year ago, after being treated by several physicians for a number of ailments, was convinced, of her own volition, that the cause of a very stubborn, continuous indigestion, covering a period of several years, associated with pronounced nausea and offensive breath, was due to diseased tonsils. She was at this time anemic and very much emaciated. Her tonsils were found to be submerged, cryptic, with the crypts unusually full of offensive, cheesy pus. A tonsillectomy was done the second day

of September last year. Within a few weeks following the enucleation her nausea disappeared, her digestion became quite normal and her breath was no longer offensive. Her improvement in general health was quite rapid. Only a few days ago she reported a gain of thirty pounds in weight. Her color is good and she says she feels perfectly well.

Diseases of the nasal accessory sinuses are more prevalent than is supposed by the average physician. The symptoms given by the patient are seldom well defined and cannot always be depended upon; however, they should be carefully taken into account and duly considered. But the objective symptoms are reliable, and if sufficient time is taken and careful observation made, one of experience need not, with the present aids, often fail to make a correct diagnosis. No one is unfamiliar with the methods of examination now employed, viz: Application of adrenalin, use of negative pressure, transillumination and *x*-ray in locating involvement of the nasal accessory sinuses. The intranasal relation and the intranasal balance should be as nearly normal as possible, in order that there be proper ventilation of the nose and no impairment of drainage of the sinuses.

Mrs. H. complained of arthritis in shoulder and knee, severe frontal headache, and aching over the cheek bones and under eyes, excessive pus discharge from both nostrils, mouth breathing. Symptoms of focal infection were malaise and arthritis of shoulder and knee. She was found to have hypertrophied turbinate bodies, nasal polypi and empyema of both antra. Both antra were operated upon with the result of practically a cessation of pus discharge and complete relief of the arthritis, together with amelioration of the other symptoms.

Among the number of similar cases that I have seen is the following:

Eugene M., aged 15, for several years had frequent attacks of sore throat with high fever, nausea and vomiting, swelling and soreness of glands in neck and groin. These attacks were always associated with great prostration. Between attacks he complained of being tired; no appetite; was undeveloped; was irritable and had pain in side on slight exertion. Examination revealed large fibrous cryptic tonsils. By pressure, beads of cheesy pus were expressed from the tonsil crypts; adenoids were also present. The tonsils were enucleated and the adenoids removed on the

first day of February of this year, and whereas the sick spells referred to had formerly occurred every month or two, there has been no attack of sickness of any kind in the eight months since the operation. The patient has gained materially in height and weight and shows marked improvement in many ways.

No doubt many of the attacks in childhood of slight fever, indisposition, lack of appetite, headache, etc., attributed to the stomach, are really due to a mild infection by way of the tonsils.

A history of frequent colds in the head should cause one to investigate the condition of nose and throat, and especially Waldeyer's ring, perhaps better called the tonsillar ring, consisting of nasopharyngeal tonsil, lingual tonsil, as well as the faucial tonsils. Situated immediately below the faucial tonsil, there is not infrequently follicular, lymphatic tissue which is capable of harboring infection. Dr. Matthews, of Rochester, called the attention of the profession to this offending area. Among the cases I have observed there were several of septic follicular lymphoid tissue immediately below the faucial tonsils. When such tissue presents, it is best that it be carefully and thoroughly removed.

In the case of Miss S. there was an especially excessive amount of follicular lymphoid tissue in this position. With Miss S. the focus of infection, as well as the cause of a very distressing cough, was diagnosed as being in large measure due to sepsis and hypertrophy of this tissue. Because of the cough in question, previous to coming to the doctor, the young lady had been treated for pulmonary tuberculosis. Following the enucleation of the faucial tonsils and a careful dissection of the follicular tissue below the tonsils, the symptoms of focal infection and the cough disappeared. Not infrequently susceptibility to grippe results from diseased tonsils. As evidence of proof, one need only refer to his case histories and note the relief obtained in this particular following the removal of diseased tonsils.

The literature records but few instances of cystitis resulting from tonsillar infection, but there appears to be some selective action between tonsillar infection and cystitis. Among my cases there were a few suffering from chronic focal infection of the tonsils associated with the cystitis who reported relief from the cystitis following the tonsillectomy.

When a patient complains of earache, especially a child, among other things think of adenoids as well as teeth and tonsils. The location of the naso-pharyngeal tonsil makes it especially likely to infection via nose as well as mouth. Infection of this tissue has been found to cause a loss of the ciliated epithelium and replacement by squamous epithelium, thus rendering it more susceptible to subsequent infection. We should also remember that adenoids have been found in the early months of infancy and cases are reported where hypertrophy of the nasopharyngeal tonsil existed at the time of birth. The nasopharyngeal tonsil may become infected via the nose from purulent rhinitis, sinusitis, inspired air laden with pyogenic bacteria, etc. Via mouth the nasopharyngeal tonsil may be infected from septic faucial tonsils, septic teeth, etc. It should be remembered that the mouth is a hot-bed of bacteria and at all times there are in the mouth pathogenic germs capable of doing great physical harm to their host, even at points away from the mouth, if they can gain entrance into the blood stream. The portal of infection in the faucial tonsil is the crypt, in the nasopharyngeal and lingual tonsil, the sulcus, and in the lymphatic tissue found below the faucial tonsil, the follicle. Very frequently foci of infection are harbored in the folds of the nasopharyngeal tonsil and there is an extension to the middle ear and mastoid. Shambagh believes that even some of the labyrinthine cases of obscure origin may be caused by focal infection, usually from the tonsils or teeth.

Foci of infection, whether they be taken from tonsils or not, are in many cases responsible for nervous symptoms, such as chorea, neuritis, etc.

The case reported in this article was one of toxic insanity and the patient rapidly recovered after removal of the tonsils. Wassermann was negative from cerebrospinal fluid at two different examinations and the culture from the cerebrospinal fluid was negative. Examination of the tonsils unfortunately was not complete, as the report shows cocci and rare bacillus present, which is meaningless from a scientific standpoint.

The patient at times would be in a profound stupor, which would be followed by delirium and occasionally hallucinations. The thick, white, flake patches on the tongue and similar patches on the tonsils, which were very red and friable, presented a picture not often seen.

This patient received no treatment except removal of tonsils and after care.

TREATMENT.—The control of these debility-producing factors is a function of national, state and municipal public health bodies. Politics, greed for wealth, and ignorance are influences that will prevent the administration of well-established laws, which, if properly enforced, would do much to abolish unhealthful conditions and diseases.

As far as possible, as individuals and collectively, physicians should exert an influence to promote cleanliness of mind and body and thus lessen the incidence of focal and systemic infection. The encouragement of personal cleanliness, and especially the care of the skin and its appendages, and of the mouth and throat, should be a duty of the family physician. The necessity of cleansing the mouth, teeth and throat of all particles of food after eating should be taught as a prevention of local infection, decay of teeth and of general disease. When other measures fail, the removal of the persistent overgrowth of lymphoid tissue (a good culture medium for bacteria) of the nasopharynx and throat should be advised. Chronically enlarged pharyngeal tonsils which obstruct the upper respiratory tract and prevent proper ventilation and drainage, invite local infection of the mucous tracts of the head and should be totally removed.

When infectious goiter is due to a focal infection of the tonsils and alveolar abscess, removal of the focus is usually followed by diminution in the size of the gland and by a disappearance of the symptoms of thyroid intoxication. This has been demonstrated in many individuals, chiefly young women patients. The majority of these women were overworked and often poorly nourished, with resulting lowered immunity to the focal infection. Many of the patients are under continued observation, and without exception there has been no instance of relapse of the goiter or hyperthyroidism.

With the sources of systemic infection obliterated and the existing systemic infection diminished or entirely controlled by the management described, other measures must be added to the treatment which may stop further retrograde metabolism, and in favorable conditions may result in the restoration of normal anatomical and functional conditions of the tissues of the joints and muscles.

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Editorials.

OUR JUNE MEETING.

Elsewhere in this issue of The Journal will be found the complete program of the June meeting of the Arkansas Medical Journal to be held at Eureka Springs.

Without disparagement to any other city or section of the State, it may be said that Eureka Springs and the surrounding demesne constitute the acknowledged beauty spot of Ark-

ansas. The Rockies may offer scenery of more grandeur, more impressive and awe-inspiring with their great, snow-capped mountains; but perhaps no place in North America possesses more appealing beauty than can be found in the hills and valleys of Carroll County. The scenic highway itself has few rivals anywhere in natural beauty. The green mountain slopes, the purling brooks, the wooded landscape, the carol of birds and drowsy humming of the winged insect life, constitute an Area-dia which would almost tempt one to abjure the vain and transitory pleasures of the city, and dwell forever in Nature's own domain.

But, that is merely incidental. The program itself should attract every member of the Arkansas Medical Society. Eureka Springs is away off in a remote corner of the State, it is true, but that very fact should act as a stimulus rather than a handicap. In these days of railroads, travel distances are largely annihilated. It may cost a few more dollars and require a few more hours to make the trip; but if members should stay away because of any such considerations it would prove disastrous to the attendance and to that extent destroy the value of the annual convention.

There is another point to be considered. Given a small attendance and it is an affront to the good people of Eureka Springs, who have offered their hospitality to the Society and have made every effort to make the stay of the delegates a pleasant one.

If absence from your practice involves some slight sacrifice, why, make the sacrifice. We are none of us living for ourselves alone, but for others. The wide-awake, progressive and conscientious practitioner cannot afford to miss what he may see and hear and learn there.

Attend the meeting; renew old acquaintances; make new ones. Hear what the speakers have to say. You will learn something that perhaps you do not know. Medicine not being an exact science, every progressive physician must admit that he does not "know it all" and can continue to learn. The railroad connections are not quite so good as we could wish, but start in time to be on hand for the opening meeting of the House of Delegates on the morning of Tuesday, June 8.

This will be the last issue of The Journal before the meeting, and this, therefore, is the parting appeal to our members.

A GOOD APPOINTMENT.

Deploring the untimely death of Dr. C. M. Lutterloh, of Jonesboro, we at the same time must express approval of the appointment to succeed him on the State Board of Health of Dr. O. L. Williamson, of Marianna.

Governor Charles H. Brough made the appointment on Wednesday, May 5. Dr. Williamson will bring to the board an experience gained in a practice covering twenty years. He is a graduate of Tulane University, New Orleans, and was Health Officer of Lee County. It is gratifying to know that the appointment was made on the recommendation of the Board of Health and the Arkansas Medical Society, which at the time of the appointment of his predecessor submitted three names of eligibles, Dr. Williamson being one and Dr. Lutterloh one of the others.

THE DANGERS OF SUMMER.

It is true that mortality statistics show a smaller percentage of deaths in summer than in winter; but that is no reason to abate precautions against diseases peculiar to the warm weather. It is especially important that sanitary rules be strictly observed and enforced.

Garbage thrown about in yards and alleys in hot weather festers, ferments and decays to the pleasure of flies and to the detriment of health. The health authorities of Little Rock have taken time by the forelock and have sent out warnings to householders to keep premises and alleys clean. A garbage service has been inaugurated and reports of inspectors show a more satisfactory observance of the rules than usual; indeed, a closer observance than was really expected. That is good, but the sanitary rules must be observed throughout the State. They are difficult of enforcement in sparsely settled communities; but county and town health officers can do much to educate the people generally to the importance of sanitation, and every member of the medical society, every physician, whether member or not, can do his part in the education of the average citizen. The old doctrine, "What was good enough for my father is good enough for me," must go.

Rats cost every person in the United States one-half of one cent a day, says the United States Public Health Service. Write to the Surgeon General, Rupert Blue, Washington, D. C., for an instructive bulletin on how to get rid of them.

Editorial Clippings.

WHY ARE YOU A PHYSICIAN?

What determines a young person to choose a medical career? Is it because he has greatly admired some physician whose life shed a fragrance all around him, and has through him gained an inspiration and a vision of the marvelous opportunities in the profession of being helpful to the needy? Is it because he has had a vision of the sorrow and suffering of the world and has felt a call to have a share in its alleviation? Is it because the human body as a mechanism has a fascination for him and he longs, like the small boy, to take it apart and see the wheels go round? Has he felt an irrepressible desire to delve into the mysteries of life and to explore many of those untrodden and uncharted regions—the ultimate cause of disease, susceptibility, immunity? Was it a desire to occupy a 'respectable' profession, one that would give him social position and influence in the community? Or was it simply a prompting to follow something or anything that would give a better standing in the world than 'the man with the hoe'? Was it the belief that it is easier to ride around in your car being your own boss, going where you please, or keeping for office hours an hour, forenoon and afternoon, than it is to work under someone else for eight or ten hours a day? Was it the thought that the medical profession furnishes an easy way to get ready money? Was it because father was a physician and you naturally followed in his footsteps?

Whatever may have been the motive, the chances are that the aspirant for a medical career rarely senses the great opportunity the profession gives for service.

This suggests the thought that *he is greatest who serves his fellow-men the best*. Every truly great man is such because he has rendered some distinct service to humanity. His name may not go down in history; his statue may not appear in the Hall of Fame; there may be no street or town or river named in his honor. Human honor, after all, is but a cheap reward. The greatest reward that can come to a man is the consciousness that he has been of real service to his fellowmen. He may have been unappreciated, derided, persecuted; but if he goes to his grave conscious that because he has lived future generations will be

better off, he has had an ample reward—all the reward such a soul desires.

As a familiar example, note how the 'dough-boys,' returning home after some conspicuous bravery, desired to avoid publicity, and met flattering remarks and queries with the statement 'I only did my duty.' That consciousness was the reward. The hurrah of the crowds who were all at a safe distance during the hard fighting was all 'bunk' to them.

So the physician, going out on a visit to that poor family from whom he can never hope for a cent in pay, prompted only by pity and a desire to be of service, is performing an act which goes into no biography—not even into his diary. He goes, sometimes when he would like the time for rest, or for study of cases, or for social intercourse with his family. He leaves a warm room and faces the chilling blast of night, knowing all the time that if any mistake occurs in his treatment that a shyster lawyer can get hold of, he may have an ungrateful patient suing him for malpractice! And still he goes. Somehow there has entered into his soul something that forgets about money, forgets about the ingratitude of charity patients, forgets about his own need of rest, and renders the service whose only reward—so far as this world is concerned—is the consciousness that he has rendered service where it was needed.

Again a physician sees an opportunity to render service to future generations. He does not dream of having a great hospital named in his honor. It does not occur to him that his name will be handed down as one of the martyrs of medical service. He sees the need of a demonstration that the mosquito is the transmitter of yellow fever. He does not suggest that some criminals or paupers be experimented on. It never occurs to him that his medical education is too precious to be sacrificed. He offers himself to the bite of infected mosquitoes. Such courage is greater by far, perhaps, than that required for a company of men, stimulated to the highest pitch by the sights and sounds around them, to rush "over the top" into the jaws of death. Calmly he does what is equivalent to sitting in an electric chair. He yields his life for future generations.

Many medical men entered the service because they wanted to serve. Leaving a practice that they had built up by years of painstaking and earnest effort, they accepted the meager salary, the discomforts, the dangers incident to army medical life, not knowing

where they might be called, but knowing that their services were wanted. What might become of their home practice, or whether they would live to come back to it, they knew not. What they considered the supreme opportunity had come for them to serve their fellow-men, and they followed on.

So, whatever motive may have led men to adopt the medical profession—whether a low or sordid motive or a more exalted motive, every man in the profession faces opportunity—the opportunity to render service, unrequited service, unrecognized service. It may be in small matters, in the treatment of the helpless, even of the unworthy, or it may be in the discovery and publication of some improved method of diagnosis or treatment, or of some scientific truth destined to have a bearing on the practice of medicine.

The opportunities are all around us. What we all need is more of a spirit of service.—*Medical Review of Reviews.*

Personals and News Items.

Dr. W. L. Boswell has moved from Macon, Tenn., to Clarendon, Ark.

Dr. J. E. Thomas, Jr., has moved from Clarendon to Little Rock.

Dr. A. C. Watson, who has been taking a post-graduate course in New York, has located in England.

Dr. E. J. Horner, of Jonesboro, and Dr. T. T. Porter, of Hazen, visited in Little Rock this month.

Dr. S. R. Crawford has moved his office from the Boyle Building to 314 Donaghey Building, Little Rock.

The First Councilor District Medical Society met May 5, 1920, at Walnut Ridge, Dr. Stidham presiding.

Dr. O. L. Williamson, of Marianna, has been appointed on the State Board of Health to succeed the late Dr. C. M. Lutterloh, of Jonesboro.

Dr. S. L. Reveley, formerly with the Hygienic Laboratory of the University of Arkansas, Little Rock, and more recently of Marion, Tex., has removed to San Antonio, Tex.

Dr. Robert Morris, of New York, recently visited Dr. C. S. Pettus, Little Rock. During his stay in Little Rock the Pulaski County Medical Society gave a dinner in his honor.

Dr. Morris made a very interesting address, which was followed by a short talk by Drs. Pettus, Snodgrass, Runyan, Walt, Caldwell and others.

The Medical and Dental professions of the United States will be interested to know that the Frank S. Betz Company, of Hammond, Ind., who recently opened a complete exposition and sales room at 6 and 8 West Forty-eighth Street, New York City, have purchased the entire stock and business of the Crown Surgical Instrument Company, located at Eighth Avenue and Forty-ninth Street, and will retain the services of the entire Crown Surgical Company's organization, including Mr. A. C. Roberts, who will manage the new Betz store at 6 and 8 West Forty-eighth Street.

STATISTICS OF THE STATE BOARD EXAMINATIONS.

The Journal of the American Medical Association, April 17, 1920, publishes for the seventeenth consecutive year, statistics based on official reports of examinations conducted by state medical boards, and of registrations of reciprocity and other methods. During these seventeen years the work has had the hearty support and co-operation of the executive officers of the various state licensing boards, who have furnished reports of their examinations. Every report has been carefully checked with alumni lists furnished by the deans of the medical colleges, and by this cross-checking, errors have been corrected and the state boards concerned have been notified. Thus, not only have these statistics been made accurate and reliable, but also state board records have been corrected. We express our acknowledgments for the splendid co-operation of the officers of both the state licensing boards and the medical colleges by which the publication of these statistics has been made possible.

NO PROTECTION AGAINST INCOMPETENTS IN ARKANSAS.

These statistics are of great importance as they relate to medical education and to medical licensure. For each state they show the number and character of physicians admitted to examinations; the character of the colleges from which they graduated; the numbers registered or rejected, and the proportion rejected. The material is so arranged that the

facts regarding any one college or any one state can be compared with those, respectively, of all other colleges and states. Figures show that in some states people are well protected against illiterate and incompetent physicians, while in others, in varying degrees, the opposite situation prevails. A glaring instance relates to Arkansas, where, in spite of what the regular board of medical examiners is doing to enforce reasonably high educational standards and methods of licensure, thirty-six physicians were licensed who could not meet its requirements. This was because of the existence of a separate board of eclectic examiners. Among other applicants, this board examined thirty-three graduates of a nominally eclectic medical school, the Kansas City College of Medicine and Surgery, and licensed all but one of them, even though it was well known that this college is not recognized by the licensing board of Missouri—its home state—and by the boards of thirty-six other states. And this has been going on for several years. Indeed, the reports seem to indicate that neither the Arkansas Board of Eclectic Examiners nor the Kansas City College of Medicine and Surgery could exist without the other. Arkansas, Florida and Connecticut, meanwhile, are three states which still have separate sectarian boards.

LICENSING OSTEOPATHS.

During the last three years a few boards have examined osteopaths and licensed them as physicians. The objection to this is not that these candidates were osteopaths, but that their educational qualifications were seriously inferior to those which physicians are required to possess. Osteopathic colleges have been repeatedly inspected, and, when measured by the same standards as are applied in the grading of medical schools, no one of them could rank higher than the lowest Class C medical college. Nevertheless, fourteen osteopaths were licensed as physicians in Colorado by examination, thirteen in California, two in Washington, and one each in New Hampshire and Texas.

THE STATISTICS.

Special attention is called to Table I (page 1097), which shows the states—Illinois leading—which are registering the largest numbers of graduates of Class C and Class B colleges. Other states in this group are Arkansas, California, Colorado, Tennessee. Ne-

braska and Texas. The figures in Table II (page 1096) indicate that applicants are flocking to states—Massachusetts, for example—in which adequate educational safeguards have not been provided.

The effect of these statistics on both medical education and medical licensure has been profound. The first step toward the securing of improvements in any reform is to find out where improvements are needed. That has been the function of these statistics in medical education and licensure.

When the collection of data from the various boards was begun by The Journal in 1903, reports from many states could not be obtained for the very reason that records were not complete or were too imperfect to enable the boards to supply the information needed. That this condition has been corrected is evidenced by the fact that for the last several years full and complete reports have been received from all state boards.

Since 1905, the collection of these statistics has been an important part of the work of the Council on Medical Education in its campaign for the improvement of medical education and licensure. The effectiveness of publicity in medical licensure may be noted in Table M, on page 1099. Higher standards of preliminary education have been adopted; all states now require that applicants must have graduated from a medical school; all but one state, New Mexico, now require an examination of all applicants; a larger number of states have improved their examination by the use of practical laboratory and clinical tests; a larger number of states have obtained authority to refuse recognition to low-grade medical colleges and are making use of that authority; reciprocal relations between states have been widely extended; ten states require a hospital internship as an essential for the license, and all but a few states now have single boards of medical examiners.

EFFECTS ON MEDICAL EDUCATION.

In medical education the effect of these statistics has been even more pronounced. Publicity regarding the percentages of failures of graduates at state licensing examinations has led to the adoption of better methods of teaching. Publicity of the fact that in certain states diplomas granted by various colleges were not recognized as an acceptable qualification for the license induced a number of medical schools to make improvements in order to retain students. That such improvements have been made is shown by the in-

creased number of colleges each year which are recognized in all states.

Briefly, these statistics show each medical school what improvements are essential if its graduates are to succeed in examinations of state boards; what state boards are requiring as a minimum of preliminary education, and in what states the boards are refusing to examine its graduates. To each state board these statistics show, by comparison with other states, the lines along which further improvements are needed in its educational standards and methods of examination. Constant publicity has led to a general improvement and a greater uniformity in the methods of examination by all state boards. The result has been a lessened confusion in the licensing of physicians throughout the country, and correspondingly better safeguards for the public against the licensing of incompetent practitioners.

District Medical Societies.

FIRST COUNCILOR DISTRICT MEDICAL SOCIETY.

(Reported by Thad Cothorn, Sec'y.)

The First District Medical Society met here today in the First Baptist Church at 11:00 o'clock a. m.

The meeting was called to order by Dr. J. H. Stidham, Councilor, as both Drs. Throgmorton, the president, and Lutterloh, the vice president, were absent. Dr. Cothorn, the secretary, not having arrived, Dr. McCarroll was appointed to act for the time being.

Rev. Currie made the address of welcome, which was responded to by our Dr. Land. Rev. Kirkpatrick then led the body in prayer.

The scientific program was now taken up and the first paper read was "Bronchopneumonia," by Dr. Guthrie. Many valuable suggestions were gained from this able paper and the quite general discussion of it which followed.

Dr. McCarroll next read his paper, "The Doctor," which was an inspiring "sermon" to us all. His paper was so broad and on such a vital subject to all doctors everywhere, that, at the end of the rather lengthy discussion of it, a motion was made and carried that it be sent to The Journal of the Arkansas Medical Society for publication.

The next thing considered was the raising of funds to reimburse the secretary for expenses incurred in arranging the programs for this meeting, the bill for same being \$23.20.

The meeting now adjourned for lunch. Our host, the Lawrence County Medical Society, had arranged for a sumptuous repast to be prepared by the ladies of the First Baptist Church and served in the church building. The dinner was all that could be desired from a gastronomic standpoint, and, coupled with the mental feast, which some of the ladies of Walnut Ridge furnished us in the way of songs, music and readings, this feature was a pleasant one indeed.

At the close of this social hour the meeting was again called to order by Dr. Stidham, as both the president and vice president were still absent. Dr. Wilson read us a message from the Pulaski County Medical Society relative to some statements of conditions recently made by The Journal of the A. M. A. in regard to our State's multiple medical examining boards. A motion was made and carried that "Our society go on record as favoring such needed legislation as was necessary to remedy this evil, and that each member, both individually and collectively, with the several county medical societies in the district, take the matter up with their county representatives and state senators to the end that this legislation be secured."

Dr. J. Hugh Carter, of Memphis, being present as a guest of our Society, was asked to give us a paper, which he kindly did, his subject being "Gall-bladder Pathology and Surgery." The doctor having to leave early to catch a train, caused the discussion of his valuable paper to be rather short.

Next was a paper by the mother of the First District Society, Dr. O. Wilson, now of Little Rock. Her subject was "Group Medicine." Immediately following, Dr. Ponder read his paper, "Syphilis and Paresis." As both he and Dr. Wilson had to leave on an early train for Little Rock, both of these able papers were very little discussed.

The minutes of the December meeting were now read and approved.

As some unfortunate conditions had rendered it impossible for many of the doctors in the district to attend this meeting, it was voted that the fall meeting be held with the Lawrence County Medical Society at Hoxie.

Walnut Ridge, Ark., May 5, 1920.

The Lawrence County Medical Society, in conjunction with the First District Medical Society now in session here, vote to extend to the bereft family of our beloved co-worker and fellow-member, Dr. C. M. Lutterloh, our

sincerest sympathy. His loss as friend and adviser to us is great, but we appreciate the fact that his loss to them as husband, father and kinsman is greater.

J. H. STIDHAM,
Acting President;

H. R. MCCARROLL,
Sec'y Lawrence Co. Med. Society;

THAD COTHERN,
Sec'y Dist. Med. Society.

MEDICAL SPEECH.

James S. McLester, Birmingham, Ala. (Journal A. M. A., May 8, 1920), offers some valuable suggestions to medical authors with regard to the preparation and presentation of papers. Although he fears being misunderstood, he likens the successful medical writer to the ad writer in that the legitimate aims of the two for a certain distance run parallel. The object of each is to say a great deal in few words, to adhere consistently to the main idea, to emphasize the right point, to hold the reader's interest, and to be readily understood. He says in part, "We often wonder why the literature of some of our English colleagues is so much more readable than our own. I think I know the reason. Is it not that, having little or no conscience for good English, we do not try? In this connection I might repeat the oft-quoted statement that genius is an infinite capacity for taking pains. Careful revision of composition and paragraphs, and repeated revision of sentences is essential to the production of readable English. It is said that a good writer never ceases to revise his sentences, and that the lines which appear easiest are often the result of greatest effort. To go over it all time and again, to see to it that compound sentences are well balanced, to put the important word at the end of the sentence, and to avoid redundancy—this is the price one must pay for a sympathetic hearing and a lasting impression." The physicians who read papers before the sections of the American Medical Association are in possession of facts and conclusions of infinite importance. How necessary, then, that knowledge of such inestimable value be presented through a medium which is worthy of the subject! A poor lens in a microscope will obscure and distort the object one desires to study; in like manner will imperfections in the expression of our ideas mar and obscure and nullify the thoughts we wish to convey.

PROGRAM

FORTY-FOURTH ANNUAL SESSION OF THE ARKANSAS MEDICAL SOCIETY

EUREKA SPRINGS, JUNE 8, 9, 10, 1920

OFFICERS

President—George S. Brown, Conway.

First Vice President—C. E. Kitchens, DeQueen.

Second Vice President—A. L. Carmichael, Little Rock.

Third Vice President—R. E. Cooksey, Magnolia.

Secretary—William R. Bathurst, Little Rock.

Treasurer—Robert L. Saxon, Little Rock.

COUNCILORS AND COUNCILOR DISTRICTS

First Councilor District—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinset and Randolph Counties. Councilor, J. H. Stidham, Hoxie. Term of office expires 1921.

Second Councilor District—Clebune, Fulton, Independence, Izard, Jackson, Sharp and White Counties. Councilor, O. J. T. Johnson, Batesville. Term of office expires 1920.

Third Councilor District—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff Counties. Councilor, T. J. Stout, Brinkley. Term of office expires 1921.

Fourth Councilor District—Ashley, Bradley, Chicot, Drew, Desha, Cleveland, Jefferson and Lincoln Counties. Councilor, J. M. Lemons, Pine Bluff. Term of office expires 1920.

Fifth Councilor District—Calhoun, Columbia, Dallas, Lafayette, Ouachita and Union Counties. Councilor, F. E. Baker, Stamps. Term of office expires 1921.

Sixth Councilor District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier Counties. Councilor, Don Smith, Hope. Term of office expires 1920.

Seventh Councilor District—Clark, Garland, Hot Spring, Montgomery, Saline, Scott and Grant Counties. Councilor, W. T. Wootton, Hot Springs. Term of office expires 1921.

Eighth Councilor District—Conway, Johnson, Faulkner, Perry, Pulaski, Yell and Pope Counties. Councilor, Robert Caldwell, Little Rock. Term of office expires 1920.

Ninth Councilor District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren Counties. Councilor, Leonidas Kirby, Harrison. Term of office expires 1921.

Tenth Councilor District—Benton, Crawford, Franklin, Logan, Sebastian, Madison and Washington Counties. Councilor, Will H. Mock, Prairie Grove. Term of office expires 1920.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

William R. Bathurst, Little Rock.

R. C. Dorr, Batesville.

COMMITTEES

SCIENTIFIC PROGRAM

Frank Vinsolhaler, Chairman, Little Rock; Wm. R. Bathurst, Little Rock; Carle E. Bentley, Little Rock.

MEDICAL LEGISLATION

G. A. Warren, Chairman, Black Rock; G. L. Henderson, Conway; J. L. Jones, Searcy.

NECROLOGY

R. H. T. Mann, Chairman, Texarkana; Charles H. Cargile, Bentonville; E. F. Ellis, Fayetteville.

HEALTH AND PUBLIC INSTRUCTION

C. W. Garrison, Chairman, Little Rock; M. L. Norwood, Lockesburg; W. H. Deaderick, Hot Springs; H. Thibault, Scott; O. L. Williamson, Marianna.

CANCER RESEARCH

W. A. Snodgrass, Chairman, Little Rock; B. D. Luck, Pine Bluff; E. E. Barlow, Dermott.

INFANT WELFARE

Morgan Smith, Chairman, Little Rock; J. A. Bogart, Forrest City; J. M. Muse, Conway; M. Fink, Helena.

WORKINGMEN'S COMPENSATION AND SOCIAL INSURANCE

J. D. Southard, Chairman, Fort Smith; R. C. Dorr, Batesville; Wm. Breathwit, Pine Bluff.

HOSPITALS

C. S. Pettus, Chairman, Little Rock; C. M. Lutterloh, Jonesboro; John Stewart, Booneville; J. I. Scarborough, Little Rock.

ENTERTAINMENT COMMITTEE

ANNOUNCEMENTS

The House of Delegates, the Scientific Sessions, Commercial Exhibit, and the Registration Booth, will be in the lobby of the Crescent Hotel.

REGISTRATION

It is very important for all members on arriving to register at the Secretary's desk in the lobby of the Crescent Hotel and receive the official program and badge.

ENTERTAINMENTS

Will be announced by the Chairman of the Entertainment Committee at each session.

ARKANSAS STATE BOARD OF HEALTH

C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; C. F. Crosby, Heber Springs; J. T. Clegg, Siloam Springs; H. R. Webster, Texarkana; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY

J. A. Bogart, Forrest City; T. J. Stout, Brinkley; E. F. Ellis, Fayetteville; O. D. Ward, England; W. F. Smith, Little Rock; H. H. Henry, Eagle Mills; W. H. Toland, Nashville.

NOTICE

All papers read at this meeting are the property of the Arkansas Medical Society, and as soon as read, should be handed to the Secretary.

COMMERCIAL EXHIBIT

Promises to be high grade, and will be in the corridors of the Crescent Hotel.

HOUSE OF DELEGATES

FIRST MEETING

The House of Delegates will be called to order, Tuesday, June 8, 1920, at 9:00 a. m., Crescent Hotel, by the President, George S. Brown.

Invocation—Rev. B. L. Harris.

Address of Welcome for the City—F. O. Butt, Chairman City Commission.

Address of Welcome to the House of Delegates—By J. F. John, Eureka Springs, of the Carroll County Medical Society.

Appointment of Credentials Committee and their report.

Roll Call.

Reading and adoption of the Minutes of the Forty-third Annual Meeting.

Appointment of Reference Committees.

President's Address to the House of Delegates.

Report of Committees.

Report of the Chairman of Council.

Report of Delegates to the American Medical Association.

Secretary's Report.

Treasurer's Report.

Reading of Communications.

Memorials and Resolutions.

Selection of the Nominating Committee.

Miscellaneous Business.

Adjourn to meet 9:00 a. m. Wednesday.

FIRST GENERAL SESSION

TUESDAY, JUNE 8, 1920, 2:00 P. M.

Called to order by George S. Brown, President.

Invocation—Rev. V. H. Coffman.

Introduction of guests.

Address of Welcome for the City—Mayor C. A. Fuller.

Address of Welcome for the Profession—I. M. Poynor, Eureka Springs.

Response to the Address of Welcome on Behalf of the Arkansas Medical Society—C. S. Pettus, Little Rock.

President's Address—George S. Brown, Conway.

Oration on Medicine, "The Diagnosis of Chronic Heart Disease."—Hugh McCulloch, St. Louis.

Oration on Surgery, "Recent Advances in Neurological Surgery."—Wm. Sharpe, New York.

PUBLIC HEALTH SESSION

(Baptist Church, Eureka Springs.)

TUESDAY, JUNE 8, 1920, 8:00 P. M.

C. W. Garrison, State Health Officer, Chairman.

Address—A. T. McCormack, Louisville, State Health Officer of Kentucky.

MEMORIAL SESSION

WEDNESDAY, JUNE 9, 1920, 10:00 A. M.

To be conducted by the Committee on Necrology:

R. H. T. Mann, Chairman, Texarkana.

E. F. Ellis, Fayetteville.

C. H. Cargile, Bentonville.

MEDICAL CORPS SESSION

WEDNESDAY, JUNE 9, 1920, 2:00 P. M.

"The Base Hospital."—Frank Vinsonhaler, Little Rock.

"Field Hospital."—W. A. Snodgrass, Little Rock.

"Evacuation Hospital."—M. D. Ogden, Little Rock.

"Experiences of a Naval Medical Officer."—Lincoln Humphreys, U. S. Navy Yard Dispensary, Washington, D. C.

SCIENTIFIC SESSION.*

WEDNESDAY, JUNE 9, 1920, 7:30 P. M.

"The Analysis of 229 Cases of Epilepsy Treated With Luminal."—C. C. Kirk, Little Rock.

"Trachoma."—John McMullen, Surgeon, U. S. P. H.

"The Eye, Ear, Nose and Throat in General Diseases."—Oliver Tydings, Chicago.

"Evidences of Gastro-Intestinal Diseases as Revealed by Roentgenological Examinations of the Digestive Tract." Illustrated with Lantern Slides.—D. A. Rhinehart, Little Rock.

*(During the discussion of papers, speakers will please announce their name, and step near the President's desk, so that the audience and the stenographer may plainly hear their remarks.)

SCIENTIFIC SESSION

THURSDAY, JUNE 10, 1920, 9:00 A. M.

"Eclampsia."—Sam J. Allbright, Kensett.

"The Use and Application of Carrell-Dakin Solution."—W. T. Lowe, Pine Bluff.

"Is Castor Oil an Oxytotic?"—St. Cloud Cooper, Fort Smith.

"The Value of Rest in Valvular Diseases of the Heart."—R. Y. Phillips, Malvern.

"The Prognosis in Cardio Vascular Diseases."—Henry Thibault, Scott.

"Personal Views on the Uses and Abuses of Digitalis."—C. E. Witt, Little Rock.

"Conservatism in Minor Surgery."—J. M. Lemons, Pine Bluff.

"The Diagnosis and Treatment of Tuberculosis."—J. D. Southard, Fort Smith.

"Conservatism in Minor Surgery."—J. M. Lemons,

"Some Important Points in Bone Surgery."—By Anderson Watkins, Little Rock.

FINAL MEETING OF HOUSE OF DELEGATES

THURSDAY, 1:30 P. M.

Roll Call.

Report of Nominating Committee and Election of following Officers:

President.

First Vice President.

Second Vice President.

Third Vice President.

Secretary.

Treasurer.

Five Councilors.

Further New Business.

Adjournment.

SCIENTIFIC SESSION

THURSDAY, 2:00 P. M.

"Cancer, Its Early Recognition and Proper Treatment."—Dewell Gann, Jr., Little Rock.

"Care and Treatment of Club Feet." (Lantern Slide Demonstration)—F. Walter Carruthers, Little Rock.

"Orthomelic—A Name for Some New Appliances."—H. D. Wood, Fayetteville.

"The Importance of an Early Diagnosis and Treatment of Syphilis."—O. C. Butler, England.

"The Tobacco Menace."—T. D. Bradford, Cotton Plant.

FINAL GENERAL SESSION

THURSDAY, JUNE 10, 1920, 4:00 P. M.

Call to Order by President, George S. Brown.

Report of Committees.

Unfinished Business.

New Business.

Adjournment *sine die*.

For the convenience of our members who may not have the information available for ready reference, we give below the special tourist rates to Eureka Springs, in force from and after June 1, from a number of junction points; also railroad time tables.

Fare for
Round Trip

From Little Rock via Kensett.....	\$13.44
From Little Rock, via Van Buren	15.66
From Little Rock, via Rock Island & Van Buren	15.66
From Pine Bluff, via Kensett	15.66
From Pine Bluff, via Van Buren	17.93
From Texarkana, via Kensett	17.32
From Texarkana, Mo. Pac., via Van Buren	17.32
From Texarkana, K. C. S., via Van Buren	17.32
From Newport, via Kensett	12.59
From Newport, via Little Rock and Van Buren	20.04
From Jonesboro, via Frisco and Springfield	16.91
From Hoxie, via Frisco and Springfield	15.77
From Hoxie, via Mo. Pac. and Kensett	14.42
From Hot Springs, via Mo. Pac. and Kensett	16.10
From Hot Springs, via L. R. and Van Buren	18.47
From Forrest City, via Kensett	13.83
From Forrest City, via L. R. and Van Buren	20.30
From Brinkley, via Searcy and M. & N. A.	12.80
From Brinkley, via L. R. and Van Buren	17.92
From Fordyce, via all roads	17.66
From Camden, via Mo. Pac. and Kensett	18.85

From Camden, via Little Rock and Van Buren	18.85
From Fort Smith, via Frisco and M. & N. A.	6.75
From Hope, via Ashdown and K. C. S.	16.55
From Hope, via Mo. Pac. and Kensett	20.62
From Hope, via Mo. Pac. and Van Buren	21.24
From Benton, via R. I., L. R. and Van Buren	17.15
From Benton, via Mo. Pac., L. R. and Van Buren	17.15
From Benton, via Mo. Pac., L. R. and Kensett	14.83
From Benton, via R. I., Mo. Pac., and Kensett	14.83
From El Dorado, via all roads	20.01
From Helena, via Mo. Pac. and Kensett	15.01
From Helena, via M. & N. A.	15.01
From Helena, via Brinkley and Mansfield	22.14
From Kensett, via M. & N. A. (one way)	6.71

All passengers from points south and east of Little Rock should reach there in time to leave Little Rock at 6:45 a. m., 8th, if traveling via Mo. Pac. and M. & N. A., in order to be at Eureka Springs for the opening session May 9. If traveling via Mo. Pac. and Van Buren, they should be in Little Rock in time to leave there at 9:00 p. m., to be in Eureka Springs the following morning at 10:30.

One or more special sleepers will be operated via Van Buren out of Little Rock, to Eureka Springs, provided there are enough requests for reservations to justify it, twenty-five tickets being necessary to secure special car. Fare; Lowers, \$2.75; uppers, \$2.25; drawing room, \$8.25. Sleeper may remain at Eureka Springs at rate of \$54.00 per day. Those desiring reservations via Mo. Pac. should address C. K. Bothwell, Asst. Gen. Pass. Agent, Little Rock. Those desiring reservations via Rock Island should address Chas. B. Sloat, Asst. Gen. Pass. Agent, Little Rock.

RAILROAD TIME TABLES

ROCK ISLAND LINES.

Lv. Memphis	10:45 p. m.,	9:30 a. m.,	2:30 p. m.
Lv. Forrest City	12:13 a. m.,	10:49 a. m.,	4:18 p. m.
Lv. Brinkley	12:55 a. m.,	11:30 a. m.,	5:20 p. m.
Lv. Hazen			6:25 p. m.
Lv. Lonoke			7:08 p. m.
Arr. Little Rock	3:30 a. m.,	1:30 p. m.,	8:00 p. m.

Lv. Little Rock	3:10 a. m.,	1:50 p. m.
Lv. Danville	6:17 a. m.,	5:15 p. m.
Lv. Booneville	8:20 a. m.,	7:03 p. m.
Arr. Mansfield	8:41 a. m.,	7:45 p. m.
Lv. Mansfield	10:25 a. m.,	7:55 p. m.
Arr. Fort Smith	11:55 a. m.,	9:20 p. m.
Lv. Fort Smith	12:35 p. m.,	4:30 a. m.
Arr. Seligman	5:07 p. m.,	8:52 a. m.
Lv. Seligman, M&NA	7:22 p. m.,	9:37 a. m.
Arr. Eureka Springs	8:10 p. m.,	10:30 a. m.

Lv. Hot Springs	1:00 p. m.,	8:50 a. m.,	8:00 p. m.
Lv. Benton	2:04 p. m.,	10:20 a. m.,	9:10 p. m.
Arr. Little Rock	3:00 p. m.,	11:25 a. m.,	10:08 p. m.

Leave El Dorado	6:00 a. m.,	1:35 p. m.
Lv. Tinsman	7:30 a. m.,	3:07 p. m.
Lv. Fordyce	8:05 a. m.,	3:37 p. m.
Lv. Benton	10:20 a. m.,	5:40 p. m.
Arr. Little Rock	11:25 a. m.,	6:40 p. m.

Lv. Knobel	2:36 a. m.,	4:05 a. m.,	3:03 p. m.
Lv. Hoxie	3:45 a. m.,	5:25 a. m.,	4:10 p. m.
Lv. Newport	4:50 a. m.,	7:00 a. m.,	5:14 p. m.
Lv. Kensett	5:43 a. m.,	8:18 a. m.,	6:05 p. m.
Arr. Little Rock	7:00 a. m.,	10:30 a. m.,	8:00 p. m.

FRISCO SYSTEM.

Lv. Memphis	8:15 p. m.
Lv. Jonesboro	10:02 p. m.
Lv. Hoxie	10:45 p. m.
Lv. Mammoth Springs	12:08 a. m.
Arr. Springfield	4:35 a. m.
Lv. Springfield	8:00 a. m.
Arr. Seligman	11:15 a. m.

Automobile to Eureka Springs.

MISSOURI PACIFIC SYSTEM.

Lv. Memphis	10:40 p. m.
Lv. Wynne	12:15 a. m.
Lv. Fair Oaks	12:42 a. m.
Lv. New Augusta	1:22 a. m.
Arr. Kensett	2:07 a. m.
Arr. Little Rock	3:35 a. m.
Lv. Hot Springs	5:30 p. m.
Lv. Benton	6:40 p. m.
Arr. Little Rock	7:30 p. m.
Lv. Helena	7:50 a. m., 4:25 p. m., 6:30 a. m.
Lv. Brinkley	10:45 a. m.
Lv. Forrest City	7:09 p. m., 8:17 a. m.
Lv. Wynne	7:45 p. m., 9:00 a. m.

WHITE RIVER LINE.

Lv. Newport	6:10 a. m.
Lv. Batesville	7:45 a. m.
Lv. Calico Rock	10:10 a. m.
Lv. Cotter	12:10 p. m.
Arr. Bergmann	1:43 p. m.

Automobile to Harrison, 10 miles.

Lv. Harrison (M. & N. A.)	3:35 p. m.
Arr. Eureka Springs	6:20 p. m.
Lv. Texarkana	4:50 p. m.
Lv. Hope	5:45 p. m.
Lv. Prescott	6:11 p. m.
Lv. Gurdon	6:40 p. m.
Lv. Arkadelphia	7:10 p. m.
Lv. Malvern	7:45 p. m.
Lv. Benton	8:25 p. m.
Arr. Little Rock	9:00 p. m.
Lv. El Dorado	10:15 a. m.
Lv. Camden	11:50 a. m.
Lv. Gurdon	1:25 p. m.
Arr. Little Rock	5:15 p. m.
Lv. Little Rock	6:45 a. m.
Arr. Kensett	8:28 a. m.
Lv. Kensett (M. & N. A.)	9:00 a. m.
Lv. Harrison	3:35 p. m.
Arr. Eureka Springs	6:20 p. m.
Lv. Dermott	2:15 a. m., 1:55 p. m.
Lv. McGehee	2:35 a. m., 2:10 p. m.
Lv. Pine Bluff	5:01 a. m., 4:48 p. m.
Arr. Little Rock	6:45 a. m., 6:50 p. m.

MISSOURI PACIFIC.

Lv. Little Rock	9:00 p. m.
Lv. Conway	9:55 p. m.
Lv. Morrilton	10:40 p. m.
Lv. Russellville	11:40 p. m.
Lv. Clarksville	12:41 a. m.
Arr. Van Buren	3:10 a. m.
Lv. Van Buren	4:55 a. m.
Lv. Fayetteville	7:13 a. m.
Lv. Rogers	8:10 a. m.

Arr. Seligman	8:52 a. m.
Lv. Seligman (M. & N. A.)	9:37 a. m.
Arr. Eureka Springs	10:30 a. m.

RETURNING.

Lv. Eureka Springs	6:20 p. m.
Lv. Seligman	7:22 p. m.
Lv. Rogers	8:00 p. m.
Lv. Fayetteville	8:45 p. m.
Arr. Van Buren	10:35 p. m.
Lv. Van Buren (M. P.)	12:30 a. m.
Lv. Clarksville	2:53 a. m.
Lv. Russellville	4:00 a. m.
Lv. Morrilton	5:00 a. m.
Lv. Conway	5:35 a. m.
Arr. Little Rock	6:45 a. m.
Lv. Little Rock	7:25 a. m.
Lv. Benton	8:05 a. m.
Lv. Malvern	8:40 a. m.
Lv. Arkadelphia	9:10 a. m.
Lv. Gurdon	9:37 a. m.
Lv. Hope	10:40 a. m.
Arr. Texarkana	11:50 a. m.

Lv. Eureka Springs	10:30 a. m.
Arr. Kensett	4 8:07 p. m.
Lv. Kensett	8:07 p. m.
Lv. Kensett (M. P.)	9:05 p. m.
Arr. Little Rock	11:00 p. m.
Lv. Little Rock	9:00 a. m.
Lv. Pine Bluff	11:40 a. m.
Lv. McGehee	1:20 a. m.
Arr. Dermott	1:55 a. m.
Lv. L. Rock (R. I.)	12:32 a. m., 7:10 a. m., 3:10 p. m.
Lv. Brinkley	2:45 a. m., 9:30 a. m., 4:50 p. m.
Lv. Forrest City	3:48 a. m., 10:25 a. m., 5:35 p. m.
Arr. Memphis	6:00 a. m., 12:30 p. m., 7:15 p. m.

Lv. Wheatley	9:48 a. m.
Lv. Brinkley	4:55 p. m.
Arr. Helena	12:05 p. m., 7:35 p. m.

ST. L. S. W. RY. (COTTON BELT ROUTE).

Lv. Texarkana	6:35 a. m., 6:35 p. m.
Lv. Lewisville	8:20 a. m., 8:15 p. m.
Lv. McNeil	9:36 a. m., 9:36 p. m.
Lv. Camden	10:25 a. m., 10:25 p. m.
Lv. Fordyce	11:46 a. m., 11:50 p. m.
Arr. Pine Bluff	1:45 p. m., 1:45 a. m.

Lv. Piggott	6:15 a. m., 4:55 p. m.
Lv. Paragould	7:35 a. m., 6:05 p. m.
Lv. Jonesboro	8:32 a. m., 7:20 p. m.
Lv. Fair Oaks	10:48 a. m., 9:25 p. m.
Lv. Brinkley	11:55 a. m., 10:35 p. m.
Lv. Stuttgart	1:55 p. m., 12:35 a. m.
Lv. Altheimer	2:50 p. m., 1:32 a. m.
Arr. Pine Bluff	3:45 p. m., 2:25 a. m.

Lv. Pine Bluff (M. P.)	4:48 p. m., 5:01 a. m.
Arr. Little Rock	6:50 p. m., 6:45 a. m.

Lv. Pine Bluff	2:20 p. m., 7:50 a. m.
Lv. Altheimer	3:15 p. m., 8:50 a. m.
Lv. England	4:20 p. m., 9:25 a. m.
Arr. Little Rock	5:25 p. m., 10:45 a. m.

Lv. Gillett	5:35 a. m.
Lv. Stuttgart	7:45 a. m.
Lv. England	9:20 a. m.

Lv. Pine Bluff	7:50 a. m.
Lv. Altheimer	8:50 a. m.
Arr. England	9:20 a. m.

KANSAS CITY SOUTHERN.

Lv. Texarkana	12:05 p. m.,	10:25 p. m.
Lv. Ashdown	12:49 p. m.,	11:09 p. m.
Lv. Mena	4:15 p. m.,	2:13 a. m.
Lv. Heavenier	5:45 p. m.,	3:40 a. m.
Lv. Spiro	7:13 p. m.,	4:48 a. m.
Arr. Fort Smith	8:10 p. m.,	5:35 a. m.
Lv. Fort Smith (Frisco).....	4:30 a. m.	

Lv. Spiro	7:25 p. m.,	4:48 a. m.
Lv. Sallisaw	8:12 p. m.,	5:32 a. m.
Lv. Siloam Springs	10:47 p. m.,	7:52 a. m.
Lv. Gentry	11:02 p. m.,	8:07 a. m.
Lv. Decatur	11:14 p. m.,	8:20 a. m.
Lv. Gravette	11:30 p. m.,	8:38 a. m.
Lv. Sulphur Springs	11:40 p. m.,	9:15 a. m.
Arr. Neosho	12:55 a. m.,	10:23 a. m.
Lv. Neosho (M. & N. A.).....	7:50 a. m.,	5:30 p. m.
Lv. Seligman	9:37 a. m.,	7:22 p. m.
Arr. Eureka Springs	10:30 a. m.,	8:10 p. m.

RETURNING.

Lv. Eureka Springs	6:20 p. m.,	7:00 a. m.
Lv. Seligman	7:22 p. m.,	8:00 a. m.
Arr. Neosho	9:45 a. m.	

Arr. Van Buren (Frisco).....	10:35 p. m.
Lv. Van Buren (K. C. S.).....	12:20 a. m.
Arr. Spiro	1:15 a. m.
Lv. Heavenier	2:10 a. m.
Lv. Mena	3:44 a. m.
Lv. Ashdown	6:53 a. m.
Arr. Texarkana	7:35 a. m.

New and Nonofficial Remedies.

BACILLUS BULGARICUS, SQUIBB.—A culture in vials of the *bacillus bulgaricus*, Type A, the *bacillus bulgaricus*, Type B (*bacillus acidophilus*), and the *bacillus paralacticus*, each vial containing 12 cc. The preparation is designed for internal administration and for topical application (see general article, Lactic Acid-Producing Organisms and Preparations, New and Nonofficial Remedies, 1920, p. 156). E. R. Squibb & Sons, New York.

POLLEN ANTIGEN, LEDERLE (Spring Type).—A liquid obtained by extracting equal parts by weight of dried pollens of timothy, red top, June grass, orchard grass, sweet vernal grass, meadow foxtail, meadow fescue, rye and wheat by a vehicle of 67 per cent, glycerin, and 33 per cent saturated solution of sodium chlorid. Each cc. contains 14,000 pollen units (a pollen unit is the equivalent of 0.001 mg. of pollen). For a discussion of the actions, uses and dosage, see Pollen Extract Preparations, New and Nonofficial Remedies, 1920, p. 236. The product is supplied in fifteen different doses, each dose consisting of 0.1 cc. of the respective dilution. Each dose is accompanied by a vial containing 9 cc. of sterile

water for diluting the dose to make it of isotonic strength. Pollen Antigen, Lederle (Spring Type), is supplied in packages containing a complete set of fifteen doses, in packages containing sets of five doses and as a diagnostic test consisting of 0.01 cc. of No. 15 dilution. Lederle Antitoxin Laboratories, New York (Journal A. M. A., April 24, 1920, p. 1167).

Propaganda for Reform.

ARHOVIN OMITTED FROM N. N. R.—Arhovin is a solution of diphenylamin, thymol benzoate and ethyl benzoate, marketed by Schering & Glatz, Inc. The Council on Pharmacy and Chemistry reports that it was omitted from New and Nonofficial Remedies because the therapeutic claims made for the preparation were unwarranted (Reports Council on Pharmacy and Chemistry, 1919, p. 66).

ELARSEN OMITTED FROM N. N. R.—Elarsen, now sold by the Winthrop Chemical Company, Inc., was formerly sold in the United States by the Bayer Company, Inc. It was admitted to New and Nonofficial Remedies in 1914. The Council on Pharmacy and Chemistry now reports that Elarsen has been omitted from New and Nonofficial Remedies because it is sold under unproved and, consequently, unwarranted claims, and because, in the light of investigation, it is an unscientific and relatively useless article. The Council also reports that Elarsen has not been shown to have advantages over Fowler's solution, but that, in some respects, at least, it is inferior (Reports Council on Pharmacy and Chemistry, 1919, p. 75).

FORMICIN OMITTED FROM N. N. R.—Formicin, manufactured by Kalle & Co., A. G. Biebrich a/Rh, Germany (Kalle Color & Chemical Company, New York, U. S. agents), was admitted to New and Nonofficial Remedies in 1912. The Council on Pharmacy and Chemistry reports that while the claims recently made for Formicin were essentially those made when the product was first accepted, these claims were questioned because further experience had not established the usefulness of the product. As the Kalle Color & Chemical Company presented no evidence to establish its therapeutic efficiency, the Council directed the omission of Formicin from N. N.

R. (Reports Council on Pharmacy and Chemistry, 1919, p. 76).

ADULTERATED OR MISBRANDED MINERAL WATER.—Harris Spring Water, examined by the U. S. Bureau of Chemistry, was found to contain *B. coli* in small quantities, molds and liquefying organisms. Sprudel Concentrated Spring Water was found to contain bacilli of the colon group and also added salts not obtained from the West Baden Springs. American Apollinaris Mineral Water was found not to be Apollinaris Water. Robinson Spring Water was falsely claimed to be effective as a remedy for Bright's disease, diabetes, dropsy, cystitis, gout, rheumatism, indigestion, and kidney and bladder troubles. Ferro-Manganese Regent Water was falsely represented as a remedy for alcoholism, chronic rheumatism, dyspepsia, diabetes, Bright's disease, albuminuria, dropsy, sciatica and insomnia, and was not a natural spring water (Journal A. M. A., April 24, 1920, p. 1182).

ALKALITHIA.—Keasbey & Mattison Company's Effervescent Alkalithia was introduced at a time when it was believed that the administration of lithium salts served to remove uric acid from the system. The A. M. A. Chemical Laboratory reported that Alkalithia is an effervescent mixture which contains alkaline carbonates and bicarbonates together with caffeine, free tartaric acid and free citric acid, and that, as taken, it represents caffeine in solution of alkali tartrate, citrate and bicarbonate containing free carbonic acid. The Council on Pharmacy and Chemistry declared Alkalithia inadmissible to New and Nonofficial Remedies because the claims made on the label and in the circular accompanying the trade package led the public, to its detriment, to depend on this preparation, and because the therapeutic claims are unwarranted (Reports Council on Pharmacy and Chemistry, 1919, p. 65).

LOOK UP ITS RATING.—The Council on Pharmacy and Chemistry was created because the complexity of modern medicine makes it a physical impossibility for physicians to know the scientific status of the many proprietary remedies which are on the market. As commercial agencies, such as Bradstreet and Dun, report on the commercial probity of individuals and firms, so the Council on Pharmacy and Chemistry reports on what might

be called the scientific probity of proprietary and unoffical pharmaceutical products. The commercial agency issues, at no small expense to its customers, rating books; the Council on Pharmacy and Chemistry issues, at a nominal price, "New and Nonofficial Remedies." The commercial agency, for a substantial fee, will furnish reports on business concerns; the Council on Pharmacy and Chemistry will, without any expense to the profession, furnish reports on proprietary products used for the relief or cure of human ailments (Journal A. M. A., April 24, 1920, p. 1171).

SOME MISBRANDED NOSTRUMS.—The following "patent" medicines have been the subject of prosecution by the Federal authorities: Mendenhall's No. 40 for the Blood, consisting essentially of potassium iodid, cathartic resins, ammonium acetate, licorice, glycerin, sugar, alcohol and water; Zægel's Essence, consisting essentially of alcohol, water, sugar and plant extractives, including a laxative substance and a saponin; Zægel's Lung Balsam, consisting essentially of alcohol, water, sugar and laxative plant material flavored with oil of peppermint; McGraw's Liquid Herbs of Youth, containing essentially Epsom salt, senna, red pepper, quassia, alcohol and water with wintergreen flavor; Jarabe de Abrozoin, composed essentially of terpin hydrate, menthol, benzoic acid, ammonium chlorid, sodium bromid, glycerin, alcohol, sugar and water; Kampfmüller's Rheumatic Remedy, consisting essentially of potassium iodid, plant extractives, alcohol and water; Sal-Sano, containing essentially sodium chlorid, sodium phosphate, sodium bicarbonate and sodium sulphate; Indian Wyanolet, consisting essentially of chloroform, ammonia, menthol, glycerin, turpentine-like oils, alcohol and water; Gregory's Antiseptic Oil, consisting of kerosene oil with oil of cloves, cassia, and sassafras with a trace of camphor and pepper resins (Journal A. M. A., April 17, 1920, p. 1114).

CHLORON, CHLORAX, AND NUMBER "3."—The Council on Pharmacy and Chemistry has examined Chloron, Chlorax, and Number "3," manufactured by the Chlorin Products Company, Inc., New York. The products have been declared inadmissible to New and Nonofficial Remedies. The report of the Council—which in accordance with the usual procedure was submitted to the Chlorin Products Company before its publication was author-

ized—sums up the Council's findings thus: (1) All are of unreliable composition. (2) The therapeutic claims made for the preparations are not substantiated by evidence and are unwarranted and misleading. Chloron is inferior as an antiseptic to the well-known surgical solution of chlorinated soda because of its low chlorin content and uncontrolled reaction. There is no warrant for the claim that Chlorax is useful in the treatment of "Kidney Conditions," "Diabetes," "Acute Infections," "Blood Dyscrasias," "Lithemias and Rheumatism," and "Nervous Conditions," nor is there warrant for the claim that "Number '3'" is a "blood purifier" or a "syphilis remedy." (3) The names of these pharmaceutical mixtures are not descriptive of their composition. (4) All three preparations are irrational. No evidence has been furnished that the lithium salt is of value in the mixture. It is not rational to combine an active chlorin preparation and a mercury salt in one mixture, nor is there evidence that the addition of opium to the preparations proposed for internal use is of value or rational. Experimentation with Number "3" as a "syphilis remedy" is to be severely condemned in that those on whom it is used will, in the meantime, be deprived of efficient medication (Reports Council on Pharmacy and Chemistry, 1919, p. 70).

Obituary.

DR. R. E. YARBROUGH.—Dr. Robert Yarbrough, of Harrisburg, died March 19, 1920. Aged 37.

DR. JOHN W. BUSH.—Dr. John William Bush, of Hot Springs, died April 27, 1920. Aged 51. He is survived by his wife and one daughter.

DR. CHARLES M. LUTTERLOH.—Dr. Charles M. Lutterloh, of Jonesboro, died May 3, 1920. Aged 57. He is survived by his wife and one son.

County Societies.

FRANKLIN COUNTY.

(Reported by Thomas Douglass, Sec'y.)

The Franklin County Medical Society met at Ozark April 13, 1920. Present: King, Akin, Hudson, Hansberry, Williams, Gam-mill, Higgins, Porter and Douglass.

Dr. Hudson presented a paper on "Reminiscences of a Country Doctor," which was both interesting and humorous. Then we had an experience meeting on early obstetrical experiences.

Dr. W. J. King, of Branch, was elected delegate to the Eureka Springs meeting of the State Society, and Dr. J. L. Post, alternate.

BENTON COUNTY.

(Reported by C. A. Rice, Sec'y.)

The Benton County Medical Society met at Rogers Tuesday, April 13, 1920, with President W. A. Pickens in the chair. Present: Drs. Hurley, Cargile, Huffman, Thompson, Steele, Eubanks, Clemmer, Wilson, Ramsey, Highlove, McHenry, Moore, R. S. Rice and C. A. Rice.

Minutes of last meeting read and approved.

Voted on and received Dr. Clyde McNeil, a young man whose home is in Rogers. He enjoys the enviable reputation of having graduated with highest honors from Vanderbilt, class 1917; served as an interne one year in Poughkeepsie Hospital, New York, and volunteered his services in September, —. He was placed in the training camp, where he served his country for the remainder of the war, and returned and was placed in the Orthopedic Department of the St. Charles Hospital, New York.

Several interesting clinics were presented. Dr. Cargile's splendid paper, "Too Late," and Dr. Perkins' talk along the same line, criticising mildly the doctor's careless, negligent and hurried habits with his patient. The talk and the paper were much enjoyed, the points being well taken.

The County Health Officer reported about 5,000 cases of "flu" during the February epidemic.

Dr. Huffman submitted a fee bill asking the Society to raise the fees for our professional services in Benton County, and after much

discussion and some committee work, an agreement was reached and fees raised.

The Society adjourned to meet the second Tuesday in May, at Gravette, with this program: Papers by Drs. Thompson and Buffington, of Gravette, and Dr. R. W. Steele, of Decatur, and Dr. T. J. Powell, of Maysville.

Book Reviews.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries and improvements in the Medical and Surgical sciences. Edited by Dr. H. A. Hare, assisted by Dr. L. F. Appleman, Philadelphia. Volume IV. December, 1919. Published by Lea & Febiger, Philadelphia, Pa. Price, \$6.00 per annum.

The contents of this volume are as follows: Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum, by Edward H. Goodman, M. D.; Diseases of the Kidneys, by Henry A. Christian, M. D.; Genito-Urinary Diseases, by Charles W. Bonney, M. D.; Surgery of the Extremities, Shock, Anesthesia, Infections, Fractures and Dislocations and Tumors, by Walter Estell Lee, M. D.; Practical Therapeutic Referendum, by H. R. M. Landis, M. D.; Index.

SEXUAL IMPOTENCE.—By Victor G. Veeki, M. D., San Francisco, Cal. Sixth edition. 12 mo. of 424 pages. Published by W. B. Saunders Company, Philadelphia, 1920. Cloth, \$3.00 net.

In this book will be found the gains made by urology. It has been written under the sway of endocrinology, and almost every one of the sections of this book come under the influence of the increased knowledge of the functions of the glands of internal secretion.

The author refrains from all theorizing. He says that "endocrinology surely is one of the hopes of humanity; let us also hope that by feeding them the proper organic substances we may be able to reform the professional joy-killer."

SURGICAL SHOCK AND THE SHOCKLESS OPERATION THROUGH ANOCI-ASSOCIATION.—By George W. Crile, M. D., Professor of Surgery, School of Medicine, Western Reserve University, Cleveland; and William E. Lower, M. D., Associate Professor of Genito-Urinary Surgery, School of Medicine, Western Reserve University, Cleveland. Second edition of "Anoci-Association." Thoroughly revised and rewritten. Octavo of 272 pages, with 75 illustrations. Published by W. B. Saunders Company, Philadelphia, 1920. Cloth, \$5.00 net.

In this volume the authors present the principles upon which the doctrine of anoci-association is based and their practical application. This edition has added much corroborative evidence of the soundness of the fundamental principles of anoci-association and of its practical application.

SYPHILIS—A TREATISE ON ETIOLOGY, PATHOLOGY, DIAGNOSIS, PROGNOSIS, PROPHYLAXIS AND TREATMENT.—By Henry H. Hazen, M. D., Professor of Dermatology and Syphilology, Medical Departments of the Georgetown and Howard Universities. 160 illustrations, including sixteen figures in colors. Published by C. V. Mosby Company, St. Louis, Mo., 1919. Price, \$6.00.

On account of our conceptions of syphilis having been materially changed by a number of discoveries within the past ten years, a book like this covering this subject in an authoritative manner is very acceptable to the medical profession.

The author has been fortunate in being able to induce various men familiar with particular subjects of this disease to write special chapters for him. It is on the whole a very creditable work.

MODERN SURGERY, GENERAL AND OPERATIVE.—By J. Chalmers DaCosta, M. D.; Samuel D. Gross, Professor of Surgery, Jefferson Medical College, Philadelphia, Pa. Eighth edition, revised, enlarged and reset. Octavo of 1,697 pages, with 1,177 illustrations, some of them in colors. Published by W. B. Saunders Company, 1919. Price, cloth, \$8.00 net.

In presenting a new edition from these well-known authors on "Modern Surgery," we feel that in place of a written review, a mere announcement stating that it is available is all that is necessary. Readers will find in this book the newer methods for preventing tetanus and for treating infections, compound fractures, head injuries and chest injuries. There seems to have been no radical change in his views as to injuries of the abdomen.

Dr. Da Costa still believes that the pus of an empyema like pus anywhere should be evacuated with the utmost promptitude.

THE SURGICAL CLINICS OF CHICAGO.—Volume III, No. 6 (December, 1919). Octavo of 215 pages, sixty-three illustrations and complete index to Volume III. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year: Paper, \$10.00; cloth, \$14.00.

The table of contents in this number announces nineteen clinics. We wish to make mention of Dr. Printz's clinic at the Provident Hospital. He presents a case of cholelithiasis with chronic empyema of gall-bladder. Technic of cholecystectomy. Summary is as follows: Detailed description of technic of cholecystectomy; importance of walling off pouch of Morrison; exposure of bile-ducts—method of isolating cystic duct and artery without endangering common duct or portal vein; exploration of the ducts; an original method of determining the potency of the common duct; ligation of stump of cystic duct; how to place a deep ligature.

THE AFTER-TREATMENT OF SURGICAL PATIENTS.—By Willard Bartlett, A. M., M. D., F. A. C. S., and collaborators. Volumes I and II, with 435 original illustrations and one colored plate. Published by C. V. Mosby Company, St. Louis, 1920. Price, \$10.00.

This book naturally divides itself into two parts: One which has to do with general subjects, and the other with the measures of after-treatment as they are applied following operations upon the various organs. The author hopes this book will make an appeal to those who have at times desired this subject treated more in detail than is possible in the excellent works on general surgery at our command.

Dr. O. F. McKittrick, house surgeon for Dr. Bartlett, collected much clinical data on which this work is based. He also contributes several chapters.

PASTEUR—THE HISTORY OF A MIND.—By Emile Duclaux, late member of the Institute of France, Professor at the Sorbonne and Director of the Pasteur Institute. Translated and edited by Erwin F. Smith and Florence Hedges, Pathologists of the U. S. Department of Agriculture. Octavo of 363 pages, illustrated. Published by W. B. Saunders Company, Philadelphia, 1920. Cloth, \$5.00 net.

In the author's preface he says: "I have written this book for two reasons. The first is that Pasteur was not a savant like the others. His scientific life had an admirable unity; it was the logical and harmonious development of one and the same thought. Of course, he did not know, when he made his first studies in crystallography, that he would end by discovering a means of preventing rabies. My second reason is that in its details this scientific life is no less interesting than in its ensemble."

This book is a contribution to the biological history of a swiftly changing time, a very striking period in the development of science.

ORTHOPEDIC AND RECONSTRUCTION SURGERY. INDUSTRIAL AND CIVILIAN.—By Fred H. Albee, M. D., F. A. C. S. Professor and Director of Department of Orthopedic Surgery at the New York Post-Graduate Medical School and at the University of Vermont. Octavo volume of 1,138 pages, with 804 illustrations. Published by W. B. Saunders Company, Philadelphia, 1919. Cloth, \$11.00 net.

This treatise includes, in addition to the subject-matter usually classified as "Orthopedic Surgery," the consideration of a large number of conditions originating either in the present day of industrial organizations or in the great war. Although these are not generally included in this realm of surgery, they are so closely allied that it has been thought

wise to include them in the same work, hence the title "Orthopedic and Reconstruction Surgery."

Readers of this book will find only conservative methods which time and experience have demonstrated to be efficient, and the well-tried operative methods of treatment of bone and joint conditions, diseases and deformities.

THE MEDICAL TREATMENT OF CANCER.—By L. Dickson Bulkley, A. M., M. D., New York City. 386 pages. Published by F. A. Davis Company, Philadelphia, 1919. Price, \$2.75.

As in former volumes by Dr. Bulkley, he presents the reason why with this method of simply removing the products of disease, the offending tumors, with the knife, we cannot expect to eradicate cancer, which, as we know, affects the whole system and in the end causes death of 90 per cent of those once attacked. However, he does not say that competent surgical interference cannot be urged too early or too strongly in suitable cases; but he does protest against the course which is usually followed in regard to cancer. As he says, "After the surgical operation the patients are invariably left entirely to their own resources, with the hope that the tumor will not regrow." He points out that a profound effect in influencing the metabolic errors productive of cancer, with proper dietetic treatment, can not only check the cancerous process when once begun, but can cause the entire removal of early lesions, and even those later in the disease, including metastases.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA AND PROTOZOA; FOR STUDENTS OF MEDICINE, AND PHYSICIANS.—By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the University of Pennsylvania. Ninth edition, thoroughly revised. Octavo of 858 pages, with 330 illustrations and a number of them in colors. Published by W. B. Saunders Company, Philadelphia, 1919. Price, cloth, \$4.75 net.

To show how complete Dr. McFarland's ninth edition of the "Pathogenic Bacteria and Protozoa" is, we are giving the entire table of contents:

PART I—GENERAL. Historical introduction; Structure and Classification of the Micro-organisms; Infection; Immunity; Methods of Observing; Micro-organisms; Sterilization and Disinfection; Culture-Media and the Cultivation of Micro-organisms; Cultures and Their Study; the Cultivation of Anaerobic Organisms; Experimentation Upon Animals; the Identification of Species; the Bacteriology of the Air; the Bacteriology of Water; the Bacteriology of the Soil; the Bacteriology of

Foods; the Determination of the Thermal Death-Point of Bacteria; the Determination of the Value of Antiseptics, Germicides and Disinfectants; Bacterio-Vaccines; the Phagocytic power of the Blood and the Opsonic Index; the Wassermann Reaction for the Diagnosis of Syphilis. •

PART II—THE INFECTIOUS DISEASES AND THE SPECIFIC MICRO-ORGANISMS. Suppuration; Malignant Edema and Gaseous Edema; Tetanus; Anthrax; Hydrophobia, Lyssa or Rabies; Acute Anterior Poliomyelitis; Cerebrospinal Meningitis; Gonorrhea; Catarrhal Inflammation; Chancroid; Acute Contagious Conjunctivitis; Diphtheria; Vincent's Angina; Thrush; Whooping Cough; Pneumonia; Influenza; Malta or Mediterranean Fever; Malaria; Relapsing Fever; Infective Jaundice; Weil's Disease; Spirochetosis Ictero-hemorrhagica; Rat Bite Fever; Sleeping Sickness; Kala-Azar (Black Sickness); Yellow Fever; Typhus Fever; Plague; Asiatic Cholera; Typhoid Fever; Dysentery; Tuberculosis; Leprosy; Glanders; Rhinoscleroma; Syphilis; Frambesia Tropica (Yaws) Actinomyces; Mycetoma, or Madura-foot; Blastomycosis; Ringworm; Favus; Sporotrichosis; Bibliographic Index; Index of Subjects.

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Annual Meeting
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Train leaves Kensett at 9:00 a. m., arriving at Eureka Springs 6:20 p. m., and returning from Eureka Springs leaves there at 10:30 a. m., arriving at Kensett 8:10 p. m.

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